DEPT.-65

JOB- 21

REEL- 25

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

WP 23007

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health, BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. If available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B	C
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C P Force 3/28/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

KP 23907

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X42 D 5031

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henriette Hofmann

(Residence in Baltimore: No. 3411 E. Fayette St St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, August 25, 1857
(Month) (Day) (Year)

7-AGE, 59 yrs. 8 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Gerlach

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eleanor Rith

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Schmitz

(Address) Johns Hopkins Hospital

15-

Filed MAY 6 - 1917 191.... HARRY C. ANDREWS Registrar

Burial Permit Given

Important. See instructions on back of Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 191 7, to May 5 191 7, that I saw h[illegible] alive on May 5 191 7, and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix with general Metastases

Clinical ?

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 10 ds.

(Signed) A. H. Bloomfield M. D.

May 6, 191 7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3411 E Fayette St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Druid Cem	May 8, 191 7
20-UNDERTAKER	ADDRESS
Albert C Hurley	221 N Bond

D 5022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 5022

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1716 W Fayette ST. 6 WARD)

2 FULL NAME Mary F. Thompson

(Residence in Baltimore: No. 1716 W Fayette St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Dec. (Month) 3 (Day), 1838 (Year)

7-AGE, 78 yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home 03

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Scharf

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Martha Joiner

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Capt John T. Thompson

(Address) 1716 W. Fayette St

15- MAY 6 - 1917 Filed....., 191... MARY C. ANDREWS Burial Permit Clerk Registrar.

CAUSE OF DEATH to be filled in by physician only. Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Endocarditis with Valvular insufficiency

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

Rheumatism (Duration) 20 yrs. mos. ds.

(Signed) James H. Preston M. D. (Coroner.)

May 4 191.7 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Cemetery	May 7, 1917

20-UNDERTAKER Geo. L. Smith ADDRESS 1000 Fayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 N. Randall ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Madame Nilan Simmons

(Residence in Baltimore: No. 134 N. Randall St.; ...yrs., 3 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) 2 (Day) 1917 (Year)

7-AGE, ...yrs. 3 mos. 4 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Simmons

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Virginia Homer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Simmons

(Address) 134 N. Randall St.

15- Filed MAY 7 - 1917, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6 (Day) 4.30 (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from May 3 1917, to May 6 1917, that I saw him alive on May 6 1917, and that death occurred, on the date stated above, at 4.30 m.

The CAUSE OF DEATH* was as follows:

Congenital Lues

(Duration) ...yrs. 3 mos. ...ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ...yrs. ...mos. 1 ds.

(Signed) E V Carlahan M. D.

5/6/17 191... (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cemetery	May 7, 1917
20-UNDERTAKER	ADDRESS
John J. Fields	1200 W. Lombard st.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5034 D 5034

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2341 Hanford Ave ST.; WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene V. Schlissler

(Residence in Baltimore: No. 2341 Hanford Ave St.; 39 yrs. 6 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 19, 1877 (Month) (Day) (Year)

7-AGE, 39 yrs. 6 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, John Coulter

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER, Mary Taylor

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carl Schlissler

(Address) 2341 Hanford Ave

15- MAY 7 - 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar. Burial Permit Obtd

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 191 6, to May 4 191 7, that I saw h[illegible] alive on May 3 191 7, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Regurgitation

Two months

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. Cushman M. D.

May 7, 191 7 (Address) 3100 Harford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Dallo Country — DATE OF BURIAL, May 7, 191 7

20-UNDERTAKER Roth Bros — ADDRESS 1512 N Gay

Spec.—8-24-14—M. & T.—2000 Bks.

D 5935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5035 40 D 5035

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St.; 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stepan Rifnicha

(Residence in Baltimore: No. 1108 S. Hanover St St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... January ....., 1 ..... (Month) (Day) (Year)

7-AGE 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER, Stepan Rifnicha

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Culpepper

(Address) Johns Hopkins Hosp

15- Filed MAY 7 1917 191 ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 5 ....., 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 191 7, to May 5 191 7, that I saw h[illegible] alive on ..... 191 ..., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Probable perforation of
Stomach
.....
..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY. Carcinoma of Stomach
(Secondary) denied ?
..... (Duration) ..... ? yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

May 6 191 7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1108 S. Hanover St.

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, May 7, 1917

20-UNDERTAKER C. Schlosman & Son ADDRESS 1031 Hanover St.

D 5036

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 5036

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 W Hill St.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo R. White

(Residence in Baltimore: No. 123 W Hill Street St.; 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Unknown (Month) ..... (Day), 1857 (Year)

7-AGE: 60 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer 023
(b) General nature of industry, business, or establishment in which employed (or employer): Coal Diner.

9-BIRTHPLACE (State or country): Cal. Co. Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Seretta Thomas

(Address) 123 W Hill St

15-MAY 7 - 1917 Filed ....., 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 4 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 6, 1917, to, May 1917, that I saw him alive on May 6 1917, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(Duration) ..... yrs. ..... mos. 1 ds.

Contributory (SECONDARY) Subacute Nephritis

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Guy Bowley M. D.

May 7, 1917 [Address] 136 W Hill St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: May 7, 1917

20-UNDERTAKER: John H. Toadvine — ADDRESS 142 W Hill St

TION is very important. See instructions on back of certificate.

D 5037

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5037

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 826 N. Franklin ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis L. Smith.

(Residence in Baltimore: No. 826 N. Franklin St.

St.: yrs. 50 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... May (Month) 1 (Day), 1867 (Year)

7-AGE, 50 yrs. 9 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 074

9-BIRTHPLACE, (State or Country) Calvert Co. Md.

PARENTS.

10-NAME OF FATHER, Sam Smith

11-BIRTHPLACE OF FATHER (State or Country) Calvert Co Md

12-MAIDEN NAME OF MOTHER Sarah Straighten

13-BIRTHPLACE OF MOTHER (State or Country) Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Smith

(Address) 826 N. Franklin St.

15- Filed MAY 7 - 1917, 191..... ROBERT B. KRAUTH Registrar.

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) P. Edward Smith M. D. (Coroner)

5-5...., 191.7 (Address) 710 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	May 7, 1917

20-UNDERTAKER ADDRESS

R C Gross 1405 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5038

D 5038

CERTIFICATE OF DEATH.

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; ..... WARD)

2-FULL NAME Patrick McNulty

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; ..... yrs., ... mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH (Month) ..... (Day) ..... (Year) .....

7-AGE, 65 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer 140
(b) General nature of industry, business, or establishment in which employed (or employer) Thomas Pint

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Phelps

(Address) Johns Hopkins Hosp.

15- ROBERT R. KRAUTER

Filed MAY 7 - 1917 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 10 1917, to May 6 1917, that I saw h.. alive on May 6 1917, and that death occurred, on the date stated above, at 10 10 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 29 ds.

(Signed) Thos. C. Smith M. D.

May 6, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 26 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 11 W. 7 St. Shannon Pl

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, May 9, 1917

20-UNDERTAKER H. Anders & Sons — ADDRESS 1700 E. Fleet St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5039

CERTIFICATE OF DEATH.

81 D 5039

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 S Collington Ave ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L Miller

(Residence in Baltimore: No. 222 S. Collington Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 15th, 1860
(Month) (Day) (Year)

7-AGE, 56 yrs. 7 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General Buyer
(b) General nature of industry, business, or establishment in which employed (or employer): Department Store

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Miller

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Amanda Embrey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Miller

(Address) 222 S. Collington Ave

15- Filed MAY 7 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan - 1914, to May 4 - 1917, that I saw h — alive on May 4 1917, and that death occurred, on the date stated above, at 11.45 A, m.

The CAUSE OF DEATH* was as follows:

Aneurysm - Innominate & Aorta

(Duration) 3 yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac foreign

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Jno C Monroe M. D.

May 6, 1917. (Address) 12 E Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, May 7th, 1917

20-UNDERTAKER J Sauter Sons — ADDRESS 1108 Light St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5040

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5040

CERTIFICATE OF DEATH.

58

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 W Hamburg ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick C. J Birrane

(Residence in Baltimore: No. 122 W. Hamburg St.; 22 yrs., 5 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Dec. 2 ....., 1894
(Month) (Day) (Year)

7-AGE, 22 yrs. 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer D&O
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Balto., Md

PARENTS.

10-NAME OF FATHER, John C. Birrane

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Eva Hartman

13-BIRTHPLACE OF MOTHER (State or Country), Balto., Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J.C. Birrane

(Address) 122 W. Hamburg St.

15- MAY 7 - 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 4 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1917, to May 4 1917, that I saw h.. alive on May 4 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 7 ds.

(Signed) Jas Rodman M. D.

May 4 1917. (Address) 107 E West St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. DATE OF BURIAL, May 7, 1917

20-UNDERTAKER M. L. Flynn ADDRESS 1432 Light St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5041

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 5041

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 N. Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E Bowers

(Residence in Baltimore: No. 907 N. Lombard St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, ..., 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Tobacco 037
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Mfg.

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Michael Flannery

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth O'Ward

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Bowers

(Address) 907 N. Lombard

15-

Filed MAY 7 1917, 191... ROBERT R. KRAUTER
Burial Permit Registrar.

Important. See instructions for Part of Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1917, to May 6 1917, that I saw her alive on May 5 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E Morley Hoag M. D.

May 6, 191 7. (Address) 7 N Gilmor Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
St Peters Cemetery	May 9..., 1917.
20-UNDERTAKER John T. Cowan & Son	ADDRESS 901 Bolton St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5042

CERTIFICATE OF DEATH.

91 D 5042

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 W. North ave. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Andrew Sherman

(Residence in Baltimore: No. 104 W. North ave St.; — yrs., 3 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	single

6-DATE OF BIRTH, January (Month) 25 (Day), 1917 (Year)

7-AGE, — yrs. 3 mos. 11 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: not any
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John A. Sherman

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Grace H. Abrahams

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Sherman

(Address) 104 W. North ave

15- Filed MAY 7 - 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 29 1917, to May 6 1917, that I saw him alive on May 6 1917, and that death occurred, on the date stated above, at 8.30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edgar B. Tyndenmall M. D.

May 7, 1917 (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mount	May 7, 1917
20-UNDERTAKER	**ADDRESS**
John L. Gutschall	1201 W. Fayette

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5043

CERTIFICATE OF DEATH.

D 5043

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 N. Glover ST.; 6 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Everding

(Residence in Baltimore: No. 1 N. Glover St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept 5, 1847
(Month) (Day) (Year)

7-AGE, 69 yrs. 8 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER Bernard J. Meyer

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Not Given

13-BIRTHPLACE OF MOTHER (State or Country). Not Given

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Gross

(Address) 1 N. Glover St.

15-

Filed MAY 7 1917 ROBERT R. KRAUTER

Burial Permit (Registrar)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5th (Fifth), 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1917, to May 4 1917, that I saw h.r alive on May 14 1917, and that death occurred, on the date stated above, at 5 30a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Influenza Epidemic Grippe

(Duration) ....yrs. ....mos. 7 ds.

(Signed) D. L. Timms M. D.

May 5, 1917. (Address) 1025 N. Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, May 8, 1917

20-UNDERTAKER Geo. M. Sinn ADDRESS 811 N. Wolfe

Important. See instructions for cases of Consumption

Spec.—8-24-14—M. & T.—2000 Pds.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5044

CERTIFICATE OF DEATH.

152 D 5044

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 N Paca ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Anderson

(Residence in Baltimore: No. 316 N. Paca St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Mulatto	Single

6-DATE OF BIRTH, ...5.... (Month) ....2.... (Day) 1917 (Year)

7-AGE, ...0....yrs. ....0....mos. ....0....ds. If LESS than 1 day, ...4....hrs. or ....0....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....none....
(b) General nature of industry, business, or establishment in which employed (or employer) ....none....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Edward N. Anderson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna Anderson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- MAY 5 - 1917 NANCY O. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...5.... (Month) ....2.... (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-2 1917, to 5-2 1917, that I saw h.... alive on 5-2 1917, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

....Congenital debility....

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ....H. C. Marcus.... M. D.

5-2, 191.7 (Address) ....Maryland Avenue....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND

DATE OF BURIAL, MAY 4 1917

20-UNDERTAKER

ADDRESS

Commissioner Health

Per Wm. R. Wedemeyer

Important: See instructions on back of this certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5045

D 5045

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Chelsea Ave St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jane Largent

Residence in Baltimore: No. 2113 Chelsea Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, June (Month) 8th (Day) 1837. (Year)

7-AGE, 79 yrs. 10 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) 006

9-BIRTHPLACE, (State or Country) Calvert Co. Maryland

PARENTS.

10-NAME OF FATHER. Lewis Tinges

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER Susan Fisher

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hillary T. Largent

(Address) 2113 Chelsea Ave

15- Filed MAY 7 - 1917 191.... ROBERT R. KRAUTH Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 13 1917, to May 6 1917, that I saw her alive on May 6 1917, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Senility

(Duration) 5 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senile Chorea

(Duration) ....yrs. ....mos. 2 4 ds.

(Signed) Maurice S. Rhamy M. D.

May 7, 191. (Address) 3300 W. Northern.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Md. DATE OF BURIAL, May 9, 191.

20-UNDERTAKER W. Frederick Sons ADDRESS Norton

Important. See instructions for filling out certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

137 D 5046

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. St. Joseph's Hospital 24 ST.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Robbert

(Residence in Baltimore: No. 1237 Hanbert St.: .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE, 24 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frederick Eckman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Hoff

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Kubert

(Address) 1237 Haubert St

15- Filed MAY 7 - 1917, 191.....

ROBERT E. KRAUTH
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 3 1917, to May 4 1917, that I saw her alive on May 4 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Dysentery
Abdominal Peritonitis

(Duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY (Secondary) Miscarriage

(Duration) .....yrs. .....mos. 10 ds.

(Signed) Ernest McQueen M. D.

May 4, 1917. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 1 ds. In the State 24 yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? 1237 Haubert St

Former or usual residence 1237 Haubert St

19-PLACE OF BURIAL OR REMOVAL, Levarts Lane

DATE OF BURIAL, May 8, 1917.

20-UNDERTAKER Wm J Tickner & Sons

ADDRESS Park ave

Important. Information required by law.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5047.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 5047

REGISTERED NO. C.....

1. PLACE OF DEATH
CITY OF BALTIMORE. (No. 1503 N. Stricker ST.; 15 WARD)

2. FULL NAME Edward E. Hall

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1503 N. Stricker St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, June 20 (Month) (Day) 1860 (Year)

7-AGE, 57 yrs. 10 mos. 14 ds.
If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): C. I. Bank

9-BIRTHPLACE. (State or Country): Baltimore City

PARENTS.
10-NAME OF FATHER, Thos. Arnold
11-BIRTHPLACE OF FATHER (State or Country), Md.
12-MAIDEN NAME OF MOTHER Frances McKnight
13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Edward Hall
(Address) 1503 N. Stricker

15. MAY 7 - 1917
Filed....., 191.... ROBERT P. KRAUTH Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 29 1917, to May 5 1917, that I saw him alive on May 5 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Charles C. Clark M. D.
May 7, 1917. (Address) 1310 N. Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL, May 8, 1917

20-UNDERTAKER: W. Bernard Son ADDRESS: Norwood

1230 W. Fayette St. Balto.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15

80 D 5048

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 W. North ave ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel N Sauerwein

(Residence in Baltimore: No. 2313 W North ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, December 17, 1836
December (Month) 17 (Day) 1836 (Year)

7-AGE, 80 yrs. 4 mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired 611

9-BIRTHPLACE, (State or Country), Baltimore City Md

PARENTS.

10-NAME OF FATHER, Daniel N Sauerwein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary E Underwood

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edmund T Jones

(Address) 2313 W North ave

15 MAY 7 - 1917 Filed ....., 191.. ROBERT B. KRAUTH Registrar.

Burial Permit

Important. Sec. [illegible]

Dr 66 Dover 1012 Madison

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1875 ~~1st~~, to May 5th 1917, that I saw him alive on May 6th, 1917, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Attack of Angina Pectoris
Due of a series of attacks
which I have occupied for
several years past.
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
1 year
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwards C Jones M. D.

May 7..., 191.7 (Address) 1012 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cemetery	May 9, 1917.
20-UNDERTAKER	ADDRESS
W B Richardson Son	Norfolk

Spec.—8-24-14—M. & T.—2000 Blks.

D 5049

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

186 D 5049

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hospital 21 ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Sollers

(Residence in Baltimore: No. 1446 Carroll St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 19, 1895
(Month) (Day) (Year)

7-AGE, 21 yrs. 1 mos. 17 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer 086
(b) General nature of industry, business, or establishment in which employed (or employer) Am. M. N. Co

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER. Wm Sollers

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Agnes Sollers

(Address) 1446 Carroll St

15- MAY 7 1917 ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1917, to May 4 1917, that I saw h.. alive on May 4 1917, and that death occurred, on the date stated above, at 9 45 p. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

Abdominal

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Shot while escaping from guard

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. McC. Goldsborough M. D.

5/4/17, 191... (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem

DATE OF BURIAL, May 8 191..

20-UNDERTAKER Wm J. Tickner & Son

ADDRESS Northern Pa

Important. See instructions on back.

(Over)

D 5050

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5050

CERTIFICATE OF DEATH.

x155

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital ST.. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph O'Rourke

(Residence in Baltimore: No. Fort Howard Md. St.; yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, July (Month) 4 (Day), 1888 (Year)

7-AGE, 27 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: U.S. Soldier
(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Army

9-BIRTHPLACE, (State or Country), New Jersey

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Capt. Eccleston

(Address) Fort Howard Md

15-

Filed MAY 7 1917 191.. ROBERT R. KRAUTER

Burial Permit Registrar.

CAUSE OF DEATH in plain terms, so that any layman may understand it. Name all diseases which may be important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pickled Mackerel Poison Suicidal Intent Self administered

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. mos. ds.

(Signed) James M Faulon (Coroner) M. D.

May 6, 1917. (Address) 700 C Chas St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Fort Howard

Former or usual residence U.S. Army

19-PLACE OF BURIAL OR REMOVAL, Brooklyn New York

DATE OF BURIAL, May 7, 1917

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5051

D 5051

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Lillian E. Harvey

(Residence in Baltimore: No. 606 W. Lee St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, Married or Divorced. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Dec 14, 1860
(Month) (Day) (Year)

7-AGE, 56 yrs. 4 mos. 22 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Krautheimer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Hayden

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Harvey

(Address) 606 W. Lee

15-

Filed MAY 7 1917, 191.... ROBERT E. KRAUTHEIM Registrar.

Burial Permit Issued

Important.—See instructions on back of this blank.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 17th 1917, to May 6th 1917, that I saw h er alive on May 6th 1917, and that death occurred, on the date stated above, at 7 50 A.M.

The CAUSE OF DEATH* was as follows:

Acute pulmonary Oedema

.....

.....

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

..... (Duration) ..... yrs. ..... mos. 9 ..... ds.

(Signed) C. C. Childs M. D.

May 6th, 1917. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 19 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 606 W. Lee St.

Former or usual residence 606 W. Lee St.

19-PLACE OF BURIAL OR REMOVAL: Shipley's Lot

DATE OF BURIAL, May ..., 1917.

20-UNDERTAKER J. F. Hickman Son

ADDRESS Monday

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5052

D 5052

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Williams.
(Residence in Baltimore: No. 1639 N. Calhoun St St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, May (Month) 3 (Day), 1912 (Year)

7-AGE, 5 yrs. 3 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Joshua Williams

11-BIRTHPLACE OF FATHER (State or Country), D. C.

12-MAIDEN NAME OF MOTHER Mattie Ross.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps.

(Address) Johns Hopkins Hosp.

15-
Filed MAY 7 - 1917, 191.... ROBERT R. KRAUTER Registrar
Burial Permit Issued

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 191 7, to May 6 191 7, that I saw h er alive on May 6 191 7, and that death occurred, on the date stated above, at 7 30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma

Epithelioma

(Duration) ....yrs. ....mos. 2 1 ds.

CONTRIBUTORY (Secondary) Carcinoma pneumonia.

(Duration) ....yrs. ....mos. 8 ds.

(Signed) [illegible] M. D.

May 6, 191 7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 1 2 ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 1639 N. Calhoun St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, MAY 7 1917

20-UNDERTAKER JAMES H. DENNIS — ADDRESS 1303 PRESTMAN ST.

D 5053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

gr D 5053

REGISTERED No. C .....

(if death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1112 N Mount St. ST. 16 WARD)

2-FULL NAME Mary E Rogers

(Residence in Baltimore: No. 1112 N mount St ST. 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Fem	White	Married

6-DATE OF BIRTH: Dec (Month) 27 (Day), 1843 (Year)

7-AGE: 73 yrs. 4 mos. 13 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or country): Pa

PARENTS

10-NAME OF FATHER: Lewis Allen

11-BIRTHPLACE OF FATHER (State or country): Pa

12-MAIDEN NAME OF MOTHER: Mary Collins

13-BIRTHPLACE OF MOTHER (State or country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles H Rogers

(Address) 1112 N Mount

15. Filed MAY 7 - 1917, 19.. ROBERT R. KRAUTH Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 6 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 17, 1917, to May 6 1917.
that I saw her alive on May 6, 1917.
and that death occurred, on the date stated above, at 6 a. m.
The CAUSE OF DEATH* was as follows:

Pneumonia double Lobar

(Duration) ..... yrs. ..... mos. 20 ds

Contributory (SECONDARY) Cardiac Asthenia

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Thomas Gibson M. D.

May 6, 1917 (Address) 1002 N Linkton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery | DATE OF BURIAL: May 8, 1917

20-UNDERTAKER: W M Routson | ADDRESS: 230 N Greene

N. B.—Every cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5054

REGISTERED NO. C.....

1-PLACE OF DEATH St. Vincents Infant Asylum 37

CITY OF BALTIMORE: (No. 1401 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Henry

(Residence in Baltimore: No. 1401 Division St.; yrs. 7 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	wht	single

6-DATE OF BIRTH, Sept (Month) 14 (Day), 1910 (Year)

7-AGE, ... yrs. 7 mos. 21 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sr Vincent Infant Asylum

(Address) 1401 Division St

15-

Filed MAY 7 - 1917, 191.....

ROBERT R. KRAUTER
DEPUTY REGISTRAR

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2nd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 14 1917, to May 2nd 1917, that I saw him alive on May 2nd 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) ..... yrs. 7 mos. 21 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C Mitchell M. D.

4/21, 1917. (Address) 1279 William St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 19 ds. In the State ..... yrs. 7 mos. 21 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Cathedral Cem	May 5, 1917.
20-UNDERTAKER	ADDRESS
Martin Fahey & Sons	106 Cathedral

Important. See instructions on back of Certificate.

Ellen Smith

D 5055 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5055

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Ground Lead / Great Hospital STR. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Smith

(Residence in Baltimore: No. 514 N Carey ave, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Col	Widow

6-DATE OF BIRTH, Unknown (Month) ....., 1856 (Day) (Year)

7-AGE, 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). Pd Assistance

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. not known

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Emma Jones

(Address). 167 East St.

MAY 7 - 1917 Filed....., 191.... ROBERT R. KRAUTH Registrar.

Burial Permit

CAUSE OF DEATH must be plainly stated. Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Hemmorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. Lindsay M. D. (Coroner.)

May 6, 1917. (Address) 19 E. Lex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, May 7, 1917

20-UNDERTAKER Mrs R. A. Elliott. — ADDRESS 506 East St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

5056

CERTIFICATE OF DEATH.

91 D 5056

REGISTERED No. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Leslie ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Clarence J Burns

(Residence in Baltimore: No. 1521 Leslie St.; ....yrs., 8 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, Aug 18, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 18 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Burns

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Etta Haynie

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Etta Haynie

(Address) 152 Leslie Street

15- MAY 7 - 1917 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Clerk

Important. See instructions on back of Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1917, to May 6 1917, that I saw h— alive on May 5 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Rickets

(Duration) ....yrs. 3 mos. ....ds.

(Signed) Wm H Wright M. D.

May 6, 1917. (Address) 1209 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	May 8, 1917
20-UNDERTAKER [redacted] Edward Ringgold	ADDRESS 1403 Eary St

Spec.—8-24-14—M. & T.—2000 Bks.

D 5057

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5057

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2335 Adams St.; 9 WARD)

2-FULL NAME Samuel B. Miller

(Residence in Baltimore: No. 2335 Adams St.; ....yrs. ....mos. ....da.)

REGISTERED NO. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Jan 13, 1852 (Month) (Day) (Year)

7-AGE: 65 yrs. 3 mos. 17 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): Gen. Const. Co.

9-BIRTHPLACE, (State or Country): Philadelphia

PARENTS.

10-NAME OF FATHER: Samuel A. Miller

11-BIRTHPLACE OF FATHER (State or Country): Balto.

12-MAIDEN NAME OF MOTHER: Emma Hall

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emma B. Miller

(Address) 2311 Adams St.

15- MAY 7 - 1917 Filed....., 191.... ROBERT. B. KRAUTH Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 5, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7, 191 7, to May 5 191 7, that I saw h[illegible] alive on May 04 191 7, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) - yrs. 6 mos. - da.

CONTRIBUTORY (Secondary) General Metastasis

(Duration) ....yrs. ....mos. ....da.

(Signed) John Cahill M. D.

May 7 191 7 (Address) 936 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cem	May 8, 191 7
20-UNDERTAKER.	ADDRESS
C. C. Wiedefeld & Co	Greenmount Ave

Important. See last section on back of certificate.

D 5058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

H61 D 5058

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Diamanato Toffell

(Residence in Baltimore: No. 3 Cherry St. Curtis Bay A.A. Co. Md. St. yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	unknown

6-DATE OF BIRTH, unknown (Month) ....., 1 (Day) (Year)

7-AGE, about 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: unknown
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Dept.

(Address).....

15- Filed MAY 7 - 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr (Month) 20 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. skull - Suicide by jumping from window at Mercy Hospital (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. T. Riley M. D. (Coroner.)

May 6 1917 (Address) 1639 Bandy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
UNIVERSITY OF MARYLAND	MAY ..... 19..
20-UNDERTAKER Commissioner Health.	ADDRESS

For Wm. F. WOODALL

CAUSE OF DEATH in plain terms. Name contributory (secondary) causes if important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5059

CERTIFICATE OF DEATH.

120 D 5059

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 7 and dead Mercy Hospital 4 St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Oesch

(Residence in Baltimore: No. Cruttland & Mulberry 345 Cruttland St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Unknown

6-DATE OF BIRTH, Unknown ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, about 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)..... 402

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Police Dept

(Address).....

15- Filed MAY 7 - 1917, 191.....

ROBERT R. KRAUTER
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Unknown Apr 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

Sudden (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) ..... M. D.

May 6 1917 (Address) 163 E Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place no time In the
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND.	MAY 7 1917, 19....
20-UNDERTAKER Commissioner Health.	ADDRESS

Per. Wm. E. WOODALL

CAUSE OF DEATH to be plainly written. All items important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5060

CERTIFICATE OF DEATH.

9V D 5060

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2248 Madison Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah M. Riddle

(Residence in Baltimore: No. 2248 Madison Ave St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Jan. (Month) 31st (Day), 1867 (Year)

7-AGE, 50 yrs. 3 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Duties
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home 037

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Chas. H. Heinold

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Hannah M. Waldschmidt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie E. Riddle

(Address) 2248 Madison Ave

15- MAY 7 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25th 191.., to May 6th 191.., that I saw her alive on May 6th 191.., and that death occurred, on the date stated above, at 8:05 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(Duration) ....yrs. ....mos. 7 ds.

(Signed) J. Howard Dalehart M. D.

May 7th, 191.. (Address) 701 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, May 8, 1917

20-UNDERTAKER Mr & Mrs John W. Lynch — ADDRESS 811 W. Fayette St.

D 5061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 5061

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 140 Harrison ST. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ellen O Herron

(Residence in Baltimore: No. 140 Harrison St. 12 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: March (Month) 4 (Day), 1868 (Year)

7 AGE: 49 yrs. 1 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Restaurant
(b) General nature of industry, business, or establishment in which employed (or employer): Keeper 044

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Frank Carney

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Corrigan

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank McLoughlin

(Address) 140 Harrison

15 Filed MAY 7 - 1917 No. ROBERT R. KRAUER REGISTRAR

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 7 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1917, to May 7 1917, that I saw h[er] alive on May 7, 1917, and that death occurred, on the date stated above, at 5 AM m.
The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Menopause

(Duration) yrs. 6 mos. ds.

(Signed) J. K. Stoop Jr M. D.

May 7, 1917 (Address) 910 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

PLACE OF BURIAL OR REMOVAL: Cathedral Cem

DATE OF BURIAL: May 10, 1917

20 UNDERTAKER: Chas F Evans & Son

ADDRESS: 118 W Mt Royal Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of disease alone is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Meyer S. Weil

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5062

CERTIFICATE OF DEATH.

95 D 5062

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Meyer S. Weil

(Residence in Baltimore: No. Sheffield Apts Park Drive St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Divorced

6-DATE OF BIRTH, August 26th, 1879.
(Month) (Day) (Year)

7-AGE, 37 yrs. 8 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Trader
(b) General nature of industry, business, or establishment in which employed (or employer) Office

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Benj. Weil

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER, Pauline Steigerwald

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. Manko

(Address) 2305 Brookfield Ave

15- Filed MAY 7 - 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Otert

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30th 1917, to May 6th 1917, that I saw h[illegible] alive on May 6th 1917, and that death occurred, on the date stated above, at 12.45 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

Contributory Nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. David M. D.

May 6th 191.7. (Address) Harlem Heights

*[illegible] CAUSING DEATH, or, in deaths from VIOLENT CAUSES, [illegible] INJURY; and (a) whether ACCIDENTAL, SUICIDAL, or [illegible]

[illegible] OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN[illegible] OR RECENT RESIDENTS).

[illegible] of death ....yrs. ....mos. 9 ds. In the State 37 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Sheffield Apts Park Drive

Former or usual residence Sheffield Apts Park Drive

18-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew Cem. DATE OF BURIAL, May 8.., 191..

20-UNDERTAKER David Londheim ADDRESS 11 E. Lond Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 5063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 5063

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward R. Beavans (Edward H. Beavans)

(Residence in Baltimore: No. 414 St Paul St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE 30(?) yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) " 040

9-BIRTHPLACE, (State or Country), N. C.(?)

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Laura ?

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15- MAY 7 - 1917 Filed, 191 ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1917, to May 6 1917, that I saw h[illegible] alive on May 6 1917, and that death occurred, on the date stated above, at 11 00 m.

The CAUSE OF DEATH* was as follows:

L. Pneumonia Hypostatic Hepatitis

(Duration) Dont Kno yrs., mos., ds.

CONTRIBUTORY (Secondary) Traumatism

(Duration) Dont Kno yrs., mos., ds.

(Signed) Edward H. Smith M. D.

May 6 1917 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State Dont Know yrs. mos. ds.

Where was disease contracted, if not at place of death? 414 St Paul St

Former or usual residence 414 St Paul St

19-PLACE OF BURIAL OR REMOVAL, Lindfield N. C. DATE OF BURIAL, May 10, 1917

20-UNDERTAKER Geo. A. Tanley ADDRESS 1800 W. Fayette

Important: See instructions on back.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5064

CERTIFICATE OF DEATH.

64 D 5064

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Ruslyn ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Ann Yeatman

(Residence in Baltimore: No. 2209 Ruslyn Ave St.; ....yrs.....mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. February 26th (Month) (Day) 1842 (Year)

7-AGE. 74 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George W. King

11-BIRTHPLACE OF FATHER (State or Country), Cecil County

12-MAIDEN NAME OF MOTHER Mary Ann Gormley

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. S. Good

(Address) Mays bet Grand Ave

15- MAY 7 - 1917 ROBERT R. KRAUTER

Filed....., 191.. Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1916, to May 6 1917, that I saw h[illegible] alive on May 5 1917, and that death occurred, on the date stated above, at 11 [illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Hemiplegia

(Duration) 1 yrs. One mos. ....ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) John D. A. King M. D.

May 6, 191.. (Address) 1425 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, May 8, 1917.

20-UNDERTAKER George J. Smith ADDRESS 1001 W Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5065 ✓ D 5065

CERTIFICATE OF DEATH.

108

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Amuent the Cousin

(Residence in Baltimore: No. 1615 E. Eager St. St.; Yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January 12, 1889.
(Month) (Day) (Year)

7-AGE, 28 yrs. 3 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER James M. Cousins

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Gaff

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Cousins

(Address) 1615 E. Eager et

15- Filed MAY 7 1917, 191... ROBERT R. KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 191 7, to May 7 191 7, that I saw her alive on May 7 191 7, and that death occurred, on the date stated above, at 12:45 a m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Gangrenous Appendicitis

(Duration) yrs. mos. 6 ds.

(Signed) Wm R. Johnson M. D.

5/7, 1917. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1615 E Eager St

Former or usual residence 1615 E. Eager St

19-PLACE OF BURIAL OR REMOVAL, Western Cemty DATE OF BURIAL, May 7, 1917.

20-UNDERTAKER Finkler & Finkler ADDRESS 1739 E. Eager

Important. See instructions on back.

D 5066

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5066

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 709 Argyle ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida L Louis

(Residence in Baltimore: No. 909 Argyle ave. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Col

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: ..... (Month) ....., 1 (Day) ..... (Year)

7-AGE: 46 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Cook. 021
(b) General nature of industry, business, or establishment in which employed (or employer): Pvt Occupation

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: W. Snowden

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Anderson

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carrie Graves

(Address) 709 Argyle ave

15- MAY 7 - 1917 Filed ....., 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 6 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1917, to May 5 1917.
that I saw h alive on May 6, 1917
and that death occurred, on the date stated above, at 4 p.m.
The CAUSE OF DEATH* was as follows:

Cancer of Uterus

(Duration) ..... yrs. 3 mos. 5 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), J. H. Mellen M. D.

May 6, 1917 (Address) 1303 N. Monroe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: 5-8th, 1917.

20-UNDERTAKER: Felix B. Frye — ADDRESS: 1022 E. Mulberry St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—5-24-14—M. & T.—2000 Blks.

D 5067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 5067

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 McKay Ct ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Haines

(Residence in Baltimore: No. 3004 McKay Court St.; 35 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Jan (Month) 21 (Day), 1882 (Year)

7-AGE,	If LESS than 1 day,
35 yrs. 3 mos. 16 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Casper Haines

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Haines

(Address) 3004 McKay Court

15- MAY 7 - 1917

Filed....., 191..... MARY C. LEWEY

Registrar.

Burial Permit Oleet

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1917, to May 6 1917, that I saw h im alive on May 6 1917, and that death occurred, on the date stated above, at 3 P M.

The CAUSE OF DEATH* was as follows:

..... Pulmonary T.B.

.....

.....

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) T. Haemia

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) W. L. Burke M. D.

May 7, 1917 (Address) 3042 Hudson St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	May 9, 1917

20-UNDERTAKER	ADDRESS
Lane Cook	502 E North

Spec.—8-24-14—M. & T.—2000 Blks.

D 5068 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5068

CERTIFICATE OF DEATH

1-PLACE OF DEATH Hahnemann General Hospital REGISTERED No. C

CITY OF BALTIMORE: (No. Mount St Hospital St., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Smith

(Residence in Baltimore: No. 1107 N. Gilmor St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~Widow~~ OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Nov (Month) 25 (Day), 1876 (Year)

7-AGE, 71 yrs. 5 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): 062

9-BIRTHPLACE, (State or Country), Snow Hill md

PARENTS.

10-NAME OF FATHER, Moses C. Smith

11-BIRTHPLACE OF FATHER (State or Country), Snow Hill md.

12-MAIDEN NAME OF MOTHER Nancy Porter

13-BIRTHPLACE OF MOTHER (State or Country), Snow Hill md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wiley H. Smith

(Address) 324 E. 27th St.

15- Filed MAY 7 - 1917, 191... Isaac C. Anchin Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1917, to May 6 1917, that I saw h— alive on May 5 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(Clinical)

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) John H. Evans M. D.

May 6, 191.7. (Address) 1701 E. Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1107 N Gilmor St

19-PLACE OF BURIAL OR REMOVAL, London Pk — DATE OF BURIAL, May 8..., 191.7

20-UNDERTAKER Wm. Cook — ADDRESS 502 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5069 ✓ D 5069

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2044 Orleans ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. George Baker

(Residence in Baltimore: No. 2044 Orleans St. St.; 33 yrs. 10 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. June (Month) 10 (Day), 1883 (Year)

7-AGE, 33 yrs. 10 mos. 24 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): Cakes & Crackers

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, George E. Baker

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Kath. B. Pruntz

13-BIRTHPLACE OF MOTHER (State or Country), Cuba, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Kath Baker

(Address) 2044 Orleans

15-

Filed MAY 7 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 18 1916, to May 4 1917, that I saw h[illegible] alive on May 3 1917, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 7 ds.

(Signed) Edward J. Loos M. D.

May 7, 1917 (Address) 1113 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 8. 1917

20-UNDERTAKER Philip Herwig — ADDRESS 1016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

D 5070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 50 D 5070

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hammonds ST.) Holiday WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Fischer

(Residence in Baltimore: No. In Hospital St.) (If under 1 yr., 7 yrs., — mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Nov 28th 1851
(Month) (Day) (Year)

7-AGE, 65 yrs. 5 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Baker
(b) General nature of industry, business, or establishment in which employed (or employer) 603

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Fischer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julius Ballong

(Address) 3404 Edmondson Ave

15- MAY 7 - 1917 NAME [illegible]

Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 4/25/17 191... to 5/6/17 191..., that I saw h[illegible] alive on 5/6/17 191... and that death occurred, on the date stated above, at 1800 m.

The CAUSE OF DEATH* was as follows:

Diabetes Gangrene

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Diabetes Coma

(Duration) yrs. mos. 2 ds.

(Signed) Frederick W Hommann M. D.

5/6/17, 191... (Address) 2917 Walbrook Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 14 ds. In the State 40 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 3404 Esther Place

Former or usual residence Highlandtown 3404 Esther Place

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, May 8, 191...

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

D 5071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 D 5071

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 South Ann ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jamin Watkins

(Residence in Baltimore: No. 831 South Ann St.; 56 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Unknown, 1861.
(Month) (Day) (Year)

7-AGE, 56 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Watkins

(Address) 831 South Ann St.

15-
Filed MAY 7 - 1917, 191..... HARRY C. ANDERS
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1917, to May 5 1917, that I saw her alive on May 4th 1917, and that death occurred, on the date stated above, at 11:30 A.M. m.

The CAUSE OF DEATH* was as follows:

1st Endocarditis (Duration) — yrs. 2d mos. — ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) — yrs. — mos. 10 ds.

(Signed) Edward C. Von Hackmayer M. D.

May 7th, 1917. (Address) 1332 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn Cemetery	May 8 1917.
20-UNDERTAKER Charles B. Jones	ADDRESS 1335 N. Pine St.

Spec.—8-24-14—M. & T.--2000 Bks.

D 5072 HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 5072

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 Josephine St ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clyde W. Minor

(Residence in Baltimore: No. 635 Josephine St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male.

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. 26, 1909
(Month) (Day) (Year)

7-AGE 8 yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None 000

9-BIRTHPLACE, (State or Country) Virginia

PARENTS.

10-NAME OF FATHER Lucius Minor

11-BIRTHPLACE OF FATHER (State or Country) Washington D.C.

12-MAIDEN NAME OF MOTHER Mary Dishmond

13-BIRTHPLACE OF MOTHER (State or Country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucius Minor Father

(Address) 635 Josephine St

15- MAY 7 1917 191.... HARRY C. ANDREWS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1 1917, to May 6th 1917, that I saw him alive on May 5 1917, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Laryngitis (Duration) ....yrs. ....mos. 4 ds.

(Signed) Samuel A. Baum M. D.

May 7, 1917. (Address) 937 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Guinea Station Va — DATE OF BURIAL, May 8, 1917.

20-UNDERTAKER Charles B Jones — ADDRESS 2365 W Pine St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5073

CERTIFICATE OF DEATH.

10

D 5073

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 N. Fulton Ave. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Thomas Fairley

(Residence in Baltimore: No. 1809 N. Fulton Ave. St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH.

August 11, 1864, 1
(Month) (Day) (Year)

7-AGE.

52 yrs. 8 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 600

9-BIRTHPLACE, (State or Country),
Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Thomas Fairley

11-BIRTHPLACE OF FATHER (State or Country): Scotland

12-MAIDEN NAME OF MOTHER: Rose H. Gettier

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)...Walter Fairley.....

(Address)..915 W. Calvert St.....

15-

Filed MAY 7 - 1917, 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 6th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 2 1917, to May 6th 1917, that I saw h[illegible] alive on May 6th 1917, and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

La Grippe followed by Gradual Blockage in Heart Action.

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Gradual Weakening

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

May 6, 1917. (Address) 1605 N North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, 5/8, 1917.

20-UNDERTAKER Henry W. Maas & Son

ADDRESS 1052 N. Calvert St.

D 5074 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 5074

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 110 S Robinson St. WARD) REGISTERED No. C .....

2-FULL NAME Owen McAdams

(Residence in Baltimore: No. 110 S Robinson St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, August 16, 1851
(Month) (Day) (Year)

7-AGE, 65 yrs. 8 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs McAdams

(Address) 110 S Robinson St

15- Filed MAY 7 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CAUSE OF DEATH to print plainly, and important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Danny Lynn Rust C. M. D.
(Coroner.)

5/7, 1917. (Address) 1610 E Fairmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	May 8, 1917
20-UNDERTAKER	ADDRESS 3000 E Balto St
Jno A Moran	

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5075

CERTIFICATE OF DEATH.

28 ✓ D 5075

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 607 Harvey St., 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine L Bowers

(Residence in Baltimore: No. 607 Harvey St.; 30 yrs., 5 mos., 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Fem.	White	Widow

6-DATE OF BIRTH, Nov. 28, 1886 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
30 yrs. 5 mos. 8 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House duties
(b) General nature of industry, business, or establishment in which employed (or employer): 057

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, William O Mumford

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Kline

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lula Mack

(Address) 607 Harvey St.

15-

Filed MAY 7 1917 191..... HARRY C. ANDREWS Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 2 191 7, to May 6 191 7, that I saw her alive on May 5 191 7, and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

.....

.....

..... (Duration) ....yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease

..... (Duration) 5 yrs. 9 mos. ds.

(Signed) J. H. Mayo Ramsay M. D.

5-7-17, 1917. (Address) 18 Randall St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park.	May 8, 1917

20-UNDERTAKER E. D. Fanning. ADDRESS 1460 Baltimore Ave

Spec.—8-24-14—M. & T.—2000 Bks. Eulace Coleman

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5076

CERTIFICATE OF DEATH.

92 D 5076

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 S. Spring St.; 3 WARD) REGISTERED No. C

2-FULL NAME Eustace Coleman.

(Residence in Baltimore: No. 237 S. Spring St. St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 36 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Coleman

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Parker

(Address) 237 S. Spring st

15- Filed MAY 8 - 1917, 191.. ROBERT R. KRAUTER Registrar

Burial Permit 37871

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) ..... (Day) ....., 191.. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2 3/4 191.., to May 191.., that I saw h alive on May 191.., and that death occurred, on the date stated above, at 10.7 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tb.

Over a week

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Alleyne Reed Dav M. D.

May 7 191.. (Address) 1330 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, May 9..., 191..

20-UNDERTAKER Charles B. Jones — ADDRESS 2355 N Fine St

Spec.—8-24-14—M. & T.—2000 Blks.

D 5077

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 D 5077

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 241 N. Montford ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert C. Fields

(Residence in Baltimore: No. 241 N. Montford Ave. St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	Colored	Widowed

6-DATE OF BIRTH, ... Jan (Month) 10 (Day), 1845 (Year)

7-AGE, 72 yrs. 3 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Day labor.
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

9-BIRTHPLACE, (State or Country). Va.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Mary. Clocker.

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie. Fields

(Address) 241 N. Montford ave.

15- MAY 8 - 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 7 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 25 1916, to May 7 1917, that I saw h[illegible] alive on May 6 1917, and that death occurred, on the date stated above, at 345 a m.

The CAUSE OF DEATH* was as follows:

Heart or Kaustion

(Duration) X yrs. X mos. 14 ds.

CONTRIBUTORY (Secondary) Chronic Bright's disease (Duration) 1 yrs. X mos. X ds.

(Signed) Jas. L. Shuar M. D.

May 8, 191.7. (Address) 248 So Third

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, May 8, 191.7

20-UNDERTAKER Milton Davis. ADDRESS 413 N Eden St

Important. See instructions on reverse side.

Burial Permit Registrar. Milton Davis. 413 ½ E Eden St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5078

CERTIFICATE OF DEATH.

120 D 5078

1-PLACE OF DEATH

CITY OF SALTIMORE: (No. 534 W. Fee ST.; 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Calvin Young

(Residence in Baltimore: No. 534 W. Fee St.; 50 yrs., 6 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October 17, 1866 (Month) (Day) (Year)

7-AGE, 50 yrs. 6 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer 074
(b) General nature of industry, business, or establishment in which employed (or employer) (Stevedore)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Oliver Young

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Amelia ____

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nancy Young

(Address) 534 W Fee St

15-

Filed MAY 8 1917, 191.... ROBERT R. KRAUTHE Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16, 1917, to May 7, 1917, that I saw h.r.n alive on May 5, 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

(a) Tuberculosis Pulmonalis

Neplritis ?

(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 1 yrs. mos. ds.

(Signed) David Franklin M. D.

5/7/, 191.7 (Address) 1727 W Fee St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, May 9, 1917.

20-UNDERTAKER John H. Toadvine — ADDRESS 142 W Hill St

Spec.—8-24-14—M. & T.—2000 Bks.

D 5079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 5079

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 754 W. Mulberry ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladys A. Floyd

(Residence in Baltimore: No. 754 W. Mulberry St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 8, 1911.
(Month) (Day) (Year)

7-AGE, 6 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School-girl
(b) General nature of industry, business, or establishment in which employed (or employer)..... 660

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Lewis Floyd

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Matilda Hawkins

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Floyd

(Address) 754 Mulberry St.

15- MAY 8 - 1917 ROBERT R. KRAUTER
Filed....., 191. Burial Permit Clerk.
Registrar.

Important.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1917, to May 5 1917, that I saw h.. alive on May 5 1917, and that death occurred, on the date stated above, at 8.10 A. m.

The CAUSE OF DEATH* was as follows:

(1) Pneumonia Lob.

.....

.....

.....

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) C. A. Pneumonia

(Duration) ....yrs. ....mos. 16 ds.

(Signed) C. A. Pinto M. D.

May 7, 1917. (Address) 712 S. Haven St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	May 8, 1917.
20-UNDERTAKER John H. Toadvine	ADDRESS 442 W. Hill St

Spec.—8-24-14—M. & T.—2000 Blks.

D 5080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 5080 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 N. Patterson Park Ave ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Hamman

(Residence in Baltimore: No. 1216 N. Patterson Park Ave St.; 78 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widower

6-DATE OF BIRTH, Jan 6th (Month) (Day), 1833 (Year)

7-AGE, 84 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Millworker

(b) General nature of industry, business, or establishment in which employed (or employer): Box Factory

9-BIRTHPLACE, (State or Country): German

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): German

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): German

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. C. Bungeman

(Address) 1216 N. Patterson Pk Ave

15- Filed MAY 8 - 1917, 191.. ROBERT R. KRAUTHEIM Registrar.

Burial Permit 67571

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4th 1917, to May 8th 1917, that I saw h[illegible] alive on May 5th 1917, and that death occurred, on the date stated above, at 12 10 P m.

The CAUSE OF DEATH* was as follows:

1. Hypostatic Pulmonary Congestion

2. Senility

Duration 1 yr. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Philip Henrig M. D.

May 7th, 1917 (Address) 1216 E. Patterson Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, May 8, 1917

20-UNDERTAKER Philip Henrig — ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14.—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5081

CERTIFICATE OF DEATH.

81 ✓ D 5081

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 1 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion Palmisano

(Residence in Baltimore: No. 739 S. Collington Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.)
Male	White	Married

6-DATE OF BIRTH, Aug 14, 1854
(Month) (Day) (Year)

7-AGE, 62 yrs. 8 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fish Dealer
(b) General nature of industry, business, or establishment in which employed (or employer): " 104

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Leo Palmisano

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rose Procatore

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rocco Marzo Mgr.

(Address) Calvert St.

15-

Filed MAY 8 1917, 191.... ROBERT B. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 27 1917, to May 6 1917, that I saw him alive on May 6 1917, and that death occurred, on the date stated above, at 9:00 a.m.

The CAUSE OF DEATH* was as follows:

Enteritis & Ulcers of Large Intestine

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 1 yrs. 1 mos. ds.

(Signed) Edward A. Quick M. D.

May 7, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 7 mos. 9 ds. In the State 24 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 739 S Collington Ave

Former or usual residence 739 S. Collington Ave

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery DATE OF BURIAL, May 8th, 191.7

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

32 D 5082

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N. Fawn St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mc Henry L. Naylor

(Residence in Baltimore: No. 507 N. Fawn St.; 4 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	Colored	Single

6-DATE OF BIRTH, ... January ....., 1 ..... (Month) (Day) 4 (Year)

7-AGE,	If LESS than 1 day,
4 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Mc Henry L. Naylor

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Calverta Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mc Henry L. Naylor

(Address) 507 N. Fawn St.

15- Filed MAY 8 - 1917 191. ROBERT R. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May - 6 -, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec - 1 - 1916, to May 5 1917, that I saw h[illegible] alive on May 5 1917, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Disease

..... (Duration) ? yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Epithelioma

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) S. C. Hughes M. D.

May 7, 1917. (Address) 1423 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn Cemetery	May 8, 1917
20-UNDERTAKER	ADDRESS
John H Toadvine	142 Uhler St

Important. Be particular to write plainly.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5083

CERTIFICATE OF DEATH.

92 ✓ D 5083

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Druid Ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Jackson

(Residence in Baltimore: No. 1120 Druid Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ...September...., 1.....
(Month) (Day) (Year)

7-AGE, 29 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Maid 041
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laundries

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Dennis Fisher

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Julia Ransom

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D H Hadsbeck MD

(Address) 1117 Caswell Av

15- Filed MAY 8 - 1917, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to May 5 1917, that I saw her alive on May 5 1917, and that death occurred, on the date stated above, at 930 m.

The CAUSE OF DEATH* was as follows:

Intra Cranial Hemorrhage

(Duration).....yrs.....mos.....5.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) D H Hadsbeck M. D.

5/8, 191.. (Address) 1117 Caswell Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 8., 191.7
20-UNDERTAKER Brown & Ireland	ADDRESS 114 N. Eutaw St.

Important.—See instructions on reverse side.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5084

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 D 5084

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3115 E Balto St. ; WARD) 1

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Russell

(Residence in Baltimore: No. 3115 E Balto St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mat

4-COLOR OR RACE, wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Mar 17, 1839
(Month) (Day) (Year)

7-AGE, 78 yrs. 7 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pile Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Odd

9-BIRTHPLACE, (State or Country) Ireland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anne Ross

(Address) Mchenry Md

15-

Filed MAY 8 - 1917, 19.

ROBERT E. KRAUTH
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to May 6 1917, that I saw him alive on May 6 1917, and that death occurred, on the date stated above, at 1 50 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial
Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frank Ensley M. D.

May 7, 1917. (Address) 2538 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Cross — DATE OF BURIAL, May 9, 1917.

20-UNDERTAKER Robt J Skinner — ADDRESS 1424 W Bal

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5085

CERTIFICATE OF DEATH.

115 D 5085

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary WARD) 15

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Clara E Fox

(Residence in Baltimore: No. Church Home & Infirmary St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, January 5, 1849
(Month) (Day) (Year)

7-AGE, 68 yrs. 4 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... wife 037

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jacob L Dunning

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER (Sarah) Redmond

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L Dunning

(Address) 1331 Eutaw St

15- MAY 8 - 1917 ROBERT E. KRAUTH

Filed....., 191.....

Burial Permit Issued

Important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 22 1917, to May 7 1917, that I saw h.. alive on May 7 1917, and that death occurred, on the date stated above, at 6.55 a.m.

The CAUSE OF DEATH* was as follows:

1 Emphysema of Gall Bladder

.....

.....

(Duration) —yrs. 3 mos.—ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) C M Harmon M. D.

5/7/17, 191.7. (Address) Church Home Inf

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 16 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1335 N Gilmor St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	May 191.7.

20-UNDERTAKER	ADDRESS
Robt Johnson	1422 N Mty

Spec.—8-24-14—M. & T.—2000 Bks.

6318

D5086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29

REGISTERED NO. D5086

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeths Home ST.; W WARD)

2-FULL NAME Francis Theodore Brown

(Residence in Baltimore: No. St. Elizabeths Home, St Paul St.; 1 yrs. 2 mos. 24 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH. August (Month) 21 (Day), 1916 (Year)

7-AGE. 2 yrs. 8 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Joseph Brown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Ford

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed MAY 9 1917 191.... HARRY O. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 2nd 1917, to May 8 1917, that I saw h.m alive on May 7th 1917, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

General Miliary Tuberculosis

.....

.....

..... (Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

..... (Duration) yrs. mos. 9 ds.

(Signed) Edward S. Friedenwald M. D.

May 8, 191 7 (Address) 1617 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 2 mos. 24 ds. In the State 2 yrs. — mos. — ds.

Where was disease contracted if not at place of death?

Former or usual residence St Elizabeths Home

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, MAY 9 1917
20-UNDERTAKER	ADDRESS

Important. See instructions on back.

Per. Wm. S. Goodall

Spec.—8-24-14—M. & T.—2000 Blks.

D5087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED NO. D5087

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 University Maryland ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Bush

(Residence in Baltimore: No. 407 N. Pearl St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Negro	Sing'l

6-DATE OF BIRTH. Unknown ....., 1893.
(Month) (Day) (Year)

7-AGE. 24 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) 041

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Wash Bush Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Milburn

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Bush

(Address) 1724 Orleans St

15. MAY 9 - 1917 HARRY C. ANDREWS
Filed ....., 191.... Registrar

Important. Use typewriter or pen and ink.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/30 1917, to May 2 1917, that I saw h Cr alive on May 2 1917, and that death occurred, on the date stated above, at 5 2 0 h m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hunter, M. D.

5/3, 1917. (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 407 N. Pearl St.

19-PLACE OF BURIAL OR REMOVAL, Auburn Conn — DATE OF BURIAL, May 7th, 1917.

20-UNDERTAKER Harry A Dodson — ADDRESS 1725 Orleans St

Spec.—8-24-14—M. & T.—2000 Blks.

D5088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

REGISTERED NO. D5088

1-PLACE OF DEATH 837 Hollins St.

CITY OF BALTIMORE: (No. Florence Crittenton Mission ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Washington Barnabas (Foundling)

(Residence in Baltimore: No. Florence Crittenton Mission St.; ..... yrs., 2 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Not Known ....., 1 .....
(Month) (Day) (Year)

7-AGE, about 4 mo. .....yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

000

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C. Baldwin M.D.

(Address) 4103 York Rd

15- Filed MAY 9 - 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) ..... 9 (Day) ., 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 22 1917, to May 9 1917, that I saw him alive on May 7 1917, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

..... Premature birth .....

.....

.....

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) John C. Baldwin M. D.

May 9 191.7 (Address) 4103 York Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 15 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Not Known

19-PLACE OF BURIAL OR REMOVAL, ...

DATE OF BURIAL, ..., 191...

20-UNDERTAKER Commissioner Health

ADDRESS

Important—See instructions on back of this certificate.

UNIVERSITY OF MARYLAND

4103

Spec.—8-24-14—M. & T.—5000 Blks.

D5089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

143

REGISTERED NO. D5089

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 E Balto ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles G Barnes

(Residence in Baltimore: No. 3021 E. Baltimore St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Divorced

6-DATE OF BIRTH, Dec 21, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. 4 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman 086
(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Works

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Henry G Barnes

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lon Warren G. Barnes

(Address) 3021 E Baltimore

15- Filed MAY 9 1917, 191. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

Shipped by B. O.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19, 1917, to May 9, 1917, that I saw him alive on May 8 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

...Diffuse Cervical Cellulitis following Carbuncle of that part.....

..... (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedaema.

..... (Duration) yrs. mos. ds.

(Signed) Allen S. Bastian M. D.

May 9, 1917. (Address) 3139 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bethlehem Pa — DATE OF BURIAL, May 11, 1917

20-UNDERTAKER Robt. T. Turner — ADDRESS 1442 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D5090 HEALTH DEPARTMENT—CITY OF BALTIMORE 40

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. D5090

CITY OF BALTIMORE: (No. 2121 N. Baltimore ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas A. Moran

(Residence in Baltimore: No. 2121 N. Baltimore St.; 35 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, or DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH, Jan 6, 1863 (Month) (Day) (Year)

7-AGE, 54 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): 009

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER Timothy Moran

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ann Martin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margaret Moran

(Address) 2121 W. Balto St.

15- MAY 9 1917 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1916, to May 7 1917, that I saw h-im alive on May 7 1917, and that death occurred, on the date stated above, at 6.30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(Pathological)

(Duration) ...yrs. 9 mos. ...ds.

CONTRIBUTORY (Secondary) Cerebral Intoxication

(Duration) ...yrs. ...mos. 3 ds.

(Signed) E. V. Carlan M. D.

5/8/17, 191... (Address) 24 N Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, MAY 10 1917

20-UNDERTAKER Geo. A. Gerber — ADDRESS Balto & Payson Sts

Important. See instructions on back of this sheet.

Spec.—8-24-14—M. & T.—2000 Bks.

D-5091

HEALTH DEPARTMENT—CITY OF BALTIMORE

D-5091

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. ST.: 4 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Jackson

(Residence in Baltimore: No. 628 German St.: 31 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ..., (Month) ..... (Day) 1885 (Year)

7-AGE, 32 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) 041

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Wm Jackson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Louise Winnimy

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Wright

(Address) 319 S Durham St

15- MAY 8 1917

Filed ....., 191.... ROBERT E. KRAUTH Registrar.

Burial Permit Issued

Important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-10 1917, to May 4 1917, that I saw her alive on May 4 1917, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Acute Syphilis with
Cutie Exitates
Unknown (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

May 4, 1917 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 56 ds. In the State ..... yrs. 56 mos. ..... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence 628 German St.

19-PLACE OF BURIAL OR REMOVAL, Shuppe Wharf Va

DATE OF BURIAL, May 7, 1917.

20-UNDERTAKER Harry A Vodery

ADDRESS 1735 Orleans st

Spec.—8-24-14—M. & T.—2000 Blks.

D 5092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 ✓ D 5092

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 North Mount ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Meade

(Residence in Baltimore: No. 818 North Mount St.; 65 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, August (Month) 26 (Day), 1849 (Year)

7-AGE, 67 yrs. 8 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife 031

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Rufus P. Littlefield

11-BIRTHPLACE OF FATHER (State or Country), Maine

12-MAIDEN NAME OF MOTHER Eugenie McDonald

13-BIRTHPLACE OF MOTHER (State or Country), Washington D. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugenie Littlefield

(Address) 818 North Mount Street

15-

ROBERT E. KRAUTH

Filed MAY 8-1917, 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 191?, to May 7 191?, that I saw h[er] alive on May 7 191?, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobular

..... (Duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. ? ds.

(Signed) [illegible] M. D.

....., 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, May 9th, 1917.

20-UNDERTAKER Wilbain Cook

ADDRESS 507 E. North Ave.

Dr Grumpler 517 Scott St

Important. Use Typewriter, Pen and Ink.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5093 ✓ D 5093

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles McQuade

(Residence in Baltimore: No. 711 Asquith St St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, August 31, 1900.
(Month) (Day) (Year)

7-AGE, 16 yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... 086
(b) General nature of industry, business, or establishment in which employed (or employer)..... Press feeder

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, James F. McQuade

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Elizabeth Cattell

13-BIRTHPLACE OF MOTHER (State or Country), Scotland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth E. McQuade

(Address) 711 Asquith St

15- Filed MAY 8 1917 ROBERT R. KRAUTER Registrar

Burial Permit No.....

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 21 1917, to May 6 1917, that I saw him alive on May 6 1917, and that death occurred, on the date stated above, at 11.00 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

about (Duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(Duration) 2 yrs. mos. 1 ds.

(Signed) Edward L. Smith M. D.

May 6, 1917. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 15 ds. In the State yrs. 16 mos. 8 ds.

Where was disease contracted, if not at place of death? 711 Asquith St

Former or usual residence 711 Asquith St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Peters Cem	May 9, 1917.
20-UNDERTAKER	**ADDRESS**
Wm Cook	502 E. North Ave

D 5094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 5094

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Foot of Montgomery St. St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Custis Triford.(C)

(Residence in Baltimore: No. 1124 Argyle Ave. St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married.

6-DATE OF BIRTH, March 1864. (Month) 1 (Day) (Year)

7-AGE. 53 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Sailor.
(b) General nature of industry, business, or establishment in which employed (or employer). 086

9-BIRTHPLACE, (State or Country), Virginia.

PARENTS.

10-NAME OF FATHER, Custis Triford.(C)

11-BIRTHPLACE OF FATHER (State or Country) Virginia.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country) Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lottie Triford.(C)wife.

(Address) 1124 Argyle Ave.

15- MAY 8 - 1917 Filed....., 191..... ROBERT R. KRAUTER Registrar.

Burial Permit

CAUSE OF DEATH to print Clearly, as this information is important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Missing April 25,1917. Body found May 6th. 1917. (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto A. Leinbach (Coroner) M. D.

May.8.1917 191... (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Cenbany Cem	May 8, 1917
20-UNDERTAKER	ADDRESS
Saml J. Hensley	578 W. Biddle

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 5095
PLACE OF DEATH

CERTIFICATE OF DEATH

113 D 5095
REGISTERED No. C

CITY OF BALTIMORE (No. 825 E 41st. Street ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Belle S. Bozley

(Residence in Baltimore: No. 825 E 41st St. St.; 30 yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: June 7 (Month) (Day), 1848 (Year)

7-AGE: 68 yrs. 11 mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 637

9-BIRTHPLACE (State or country): Balto. Co. Md.

PARENTS

10-NAME OF FATHER: Levi Curtis

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Catherine Merryman

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie L. Bozley

(Address) 825 E 41st St

15.

Filed MAY 8 1917 ROBERT R. KRAUTER
Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 7 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1917, to, May 7 1917, that I saw h m alive on May 6. 1917, and that death occurred, on the date stated above, at 11 a. m.
The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver

(Duration) — yrs. 3 mos. 2 ds

Contributory (SECONDARY) — — — —

(Duration) yrs. 3 mos. 2 ds.

(Signed) L. G. Prentiss M. D.

May 8, 1917 (Address) 634 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: April 9, 1917

20-UNDERTAKER: John O. Mitchell ADDRESS: 120 W. Fayette

N. B.—Every item should be answered, or the reason stated why it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 D 5096

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Molden

(Residence in Baltimore: No. 1331- N. Carey St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	A A Black	married

6-DATE OF BIRTH, 4 (Month) — 30 (Day) —, 1885 (Year)

7-AGE,	If LESS than 1 day,
32 yrs. — mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... House wife 03

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Samuel Neil

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thornton Molden

(Address) 133 Carey st

15- Filed MAY 8 1917 191... ROBERT R. KRAUTER Registrar. BURIAL PERMIT ISSUED

Important.—See instructions on reverse side.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) — 6 (Day) —, 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4 — 24 — 1917, to 5 — 6 — 1917, that I saw her alive on 5 — 6 — 1917, and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Puerperal Peritonitis

..... (Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Inflamation of the Pelvic Brain (Duration) — yrs. — mos. 7 ds.

(Signed) H. St. Carrgill M. D.

5 — 6 —, 1917. (Address) 430 — W — Biddle.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 5 ds. In the State — yrs. mos. ds.

Where was disease contracted, if not at place of death? 1331-N Carey st

Former or usual residence 133-N-Carey St

19-PLACE OF BURIAL OR REMOVAL, McHenry Hill Md. DATE OF BURIAL, MAY 8 1917

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST.

D 5097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 D 5097

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1627 W Pratt ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elvie Fitzgibbons

(Residence in Baltimore: No. 1627 W Pratt St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH. Jan (Month) 16 (Day), 1883 (Year)

7-AGE. 34 yrs. 3 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Wrightson

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gerald Fitzgibbons

(Address) 1627 W Pratt St

15- Filed MAY 8 - 1917 191.... ROBERT R. KRAUTH Registrar.

Burial Permit Issued

CAUSE OF DEATH to be plain (terms, "Old Age," "Debility," "Infirmity," etc., not sufficient) and important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 6 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) yrs. mos. 1 ds.

(Signed) James M Kenton M. D.

(Coroner)

May 7 191 (Address) 20 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park

DATE OF BURIAL, May 9, 191 7

20-UNDERTAKER G J Fredda

ADDRESS Nos W Lombard

Spec.—8-2-14—M. & L.—2000 Bks.

D 5098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 5098

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 N. Glover ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward S. Slitt Jr

(Residence in Baltimore: No. 523 N. Glover St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, September 3 (Month) (Day) 1881 (Year)

7-AGE, 35 yrs. 7 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manager 086
(b) General nature of industry, business, or establishment in which employed (or employer): Tool Supply Co

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edw. S. Slitt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice William Slitt

(Address) 523 N. Glover St

15- Filed MAY 8 - 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28 1917, to May 7 1917, that I saw h[im] alive on May 5 1917, and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. P. Smith M. D.

May 7, 1917. (Address) 701 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Evangelical Cemetery — DATE OF BURIAL, May 9, 1917

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

Important. See instructions on back of this certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5099

CERTIFICATE OF DEATH.

40 D 5099

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James McLaughlin

(Residence in Baltimore: No. 1209 E. Charles St. St.; 57 yrs., 5 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov. 18, 1859 (Month) (Day) (Year)

7-AGE, 57 yrs. 5 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Asst Shipping Clk
(b) General nature of industry, business, or establishment in which employed (or employer)..... " " 609

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Michael McLaughlin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Greenerty

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15- Filed MAY 8 - 1917, 191.... ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1917, to May 5 1917, that I saw h[illegible] alive on May 5 1917 and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach Liver

+ Exitus (Operation)

..... (Duration) ....yrs. not known ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edward J. Lynch M. D.

May 6, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1209 E. Charles St

Former or usual residence 1209 E. Charles St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, May 9, 1917

20-UNDERTAKER M. L. Flynn

ADDRESS 422 Light St.

Important. See instructions on back of Certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5100

CERTIFICATE OF DEATH.

79 D 5100

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. 1200 Ridgley ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Fritz

(Residence in Baltimore: No. 1200 Ridgley St.: 3½ yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Sept 14, 1872
(Month) (Day) (Year)

7-AGE, 44 yrs. 7 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Glass Packer
(b) General nature of industry, business, or establishment in which employed (or employer): O'Ne

9-BIRTHPLACE, (State or Country), Philadelphia Pa

PARENTS.

10-NAME OF FATHER, Conrad Fritz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Fetcher

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Fritz

(Address) 1020 Hanover St

15- Filed MAY 8 - 1917, 191... ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

CAUSE OF DEATH to be plainly written. Every item important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Robert R. Driscoll M. D.
(Coroner.)

May 7 191 7. (Address) 512 W Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetery	May 9 1917
20-UNDERTAKER	ADDRESS
C. Schlonant & Son	1037 Hanover St.

Spec.—8-24-14—M. & T.—2000 Bkr.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5101

CERTIFICATE OF DEATH.

64 ✓

D 5101

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Hanover St. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotta Knerochs

(Residence in Baltimore: No. 1020 Hanover St. ST.; 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... June (Month) 25th (Day) 1845 (Year)

7-AGE, 71 yrs. 9 mos. 12 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... ---

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Phillip Krauter

(Address)..... 214 E. Fort Ave.

15-
Filed MAY 8 - 1917, 191.....
ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 7th (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28th 1917, to May 7th 1917, that I saw her alive on May 7th 1917, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

..... Apoplexy

..... (Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Atherosclerosis

..... (Duration) ? yrs. mos. ds.

(Signed) Henry B. Kolb M. D.

May 7, 1917. (Address) 1203 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	May 10 1917.
20-UNDERTAKER	ADDRESS
C. Schlosnagle Son	1039 Hanover

important. See instructions on back of certificate

Spec.—8-24-14—M. & T.—2000 Bks.

D 5102 HEALTH DEPARTMENT—CITY OF BALTIMORE 61 X D 5102

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward A Pettus

(Residence in Baltimore: No. 61 E. Heath St. St.; 46 yrs., — mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 22, 1871
(Month) (Day) (Year)

7-AGE, 46 yrs. — mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Printer for
(b) General nature of industry, business, or establishment in which employed (or employer): Wm. F. Jones & Co.

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie M. Pettus

(Address) 61 E. Heath St

15- Filed MAY 8 - 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 191 7, to May 8 191 7, that I saw him alive on May 8 191 7, and that death occurred, on the date stated above, at 6.45 a.m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebro-Spinal Meningitis.

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Convulsions with Acute Edema of Lungs

(Duration) yrs. mos. 12 ds.

(Signed) Donald J. Deiz M. D.

May 8, 191 7 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS/INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State Life ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at residence

Former or usual residence 61 E. Heath St

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, May 9, 191 7

20-UNDERTAKER Jos. L. Cook — ADDRESS 1003 W. Balto

Important. See instructions on back of Certificate

Spec.—8-24-14—M. & T.—2000 Blks.

D 5103

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5103

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Bridgens

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 34 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Unknown ....., 1871
(Month) (Day) (Year)

7-AGE. 46 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), West Va.

PARENTS.

10-NAME OF FATHER, John Bridgens

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Mary Kunis

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. L. Ramsey

(Address) Davis W. Va

15- MAY 8 - 1917 HARRY C. ANDREWS

Filed ....., 191... Burial Permit Clerk.
Registrar.

Important. See instructions for filling out this certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ....., 8 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/4/17 191..., to 5/8/17 191..., that I saw h[im] alive on 5/8/17 191..., and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Oedema .....

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank C. Imaire M. D.

May 8..., 191.7 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 34 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence Davis W. Va

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Dora W. Va.	May 8..., 191.7
20-UNDERTAKER Joseph B Cook	ADDRESS 1003 W Balto

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 5104 — 61 — D 5104

CERTIFICATE OF DEATH

Walter F Blown

REGISTERED NO. ....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1108 Pennsylvania Ave St. 17 WARD)

2-FULL NAME Walter F Blown

(Residence in Baltimore: No. 1108 Penrod Ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day) (Year)

7-AGE: about 31 yrs. mos. ds. — If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer): Odd

9-BIRTHPLACE (State or country): St Michael Md

PARENTS

10-NAME OF FATHER: W H Blown

11-BIRTHPLACE OF FATHER (State or country): St Michael Md

12-MAIDEN NAME OF MOTHER: Mary E. Lanar

13-BIRTHPLACE OF MOTHER (State or country): Balt Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E Blown

(Address) 1108 Penn ave

15- MAY 8 - 1917 Filed ....., 191.... HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29, 1917, to May 5 1917, that I saw him alive on May 5, 1917, and that death occurred, on the date stated above, at 11 8 m.

The CAUSE OF DEATH* was as follows:

Central Meningitis

(Duration) — yrs. — mos. 7 ds

Contributory (SECONDARY) Cerebral Meningitis

(Duration) yrs. — mos. 7 ds.

(Signed) Edw V Fitzgerald M. D.

5/7, 1917 (Address) 1088 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: West woods — DATE OF BURIAL: May 6, 1917

20-UNDERTAKER: John H Owen — ADDRESS: 5-38 Dolphin st

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 5105

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Marshall ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Jasper

(Residence in Baltimore: No. 1520 Marshall St.; 2 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Apr 21, 1892
(Month) (Day) (Year)

7-AGE, 25 yrs. — mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Gen. Office work

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Jasper

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katie Mirstadt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Jasper

(Address) 1520 Marshall St.

15-

Filed MAY 8 - 1917 HARRY C. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 23 1917, to May 7 1917, that I saw him alive on May 6 1917, and that death occurred, on the date stated above, at 1130 m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

about

(Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Brights trouble

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Wm E Stifler M. D.

5/8, 1917. (Address) 134 S Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, May 10, 1917.

20-UNDERTAKER John Herwig & C

ADDRESS 2008 Allen St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5106

CERTIFICATE OF DEATH.

92 D 5106

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 925 N. Chester ST.; 7 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Slutzker

(Residence in Baltimore: No. 925 N Chester St.; 42 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, October 11, 1867
(Month) (Day) (Year)

7-AGE. ~~One~~ yrs. 9 mos. 26 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Joan Bekourek

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Katherine Kucera

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Slutzker

(Address) 925 N Chester

15- MAY 8 1917

Filed ..... 191.... HARRY J. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 1917, to May 7 1917, that I saw h[illegible] alive on May 3 1917 and that death occurred, on the date stated above, at 11.05 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Warren J. Kyser M. D.

May 8, 191.7 (Address) 2007 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer	May 9, 191.7
20-UNDERTAKER	**ADDRESS**
Funeral Coach Co	1906 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 5107

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5107

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital, WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Parker.

(Residence in Baltimore: No. In Hospital St.; ....yrs. ....mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Frederick Parker

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hosp.

15-

Filed MAY 8 1917 191.... MARY C. ANDREWS Registrar.

Burial Permit Work

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to May 5, 1917, that I saw h[illegible] alive on May 0 1917, and that death occurred, on the date stated above, at 6 30 a. m.

The CAUSE OF DEATH* was as follows:

Meningitis, Epidemic

..... (Duration) 0 yrs. 0 mos. 6 ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) D C Smith M. D.

May 5, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 4 ds. In the State....yrs....mos....ds. ✓

Where was disease contracted, if not at place of death? ✓

Former or usual residence Box 31 Sycamore Ave. Sparrows Pt.

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSP... DATE OF BURIAL, MAY ....., 191...

20-UNDERTAKER Commissioner Health. ADDRESS

For Wm. R. Woodall

Spec.—8-24-14—M. & T.—2000 Blks.

D 5108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 D 5108

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Carlan

(Residence in Baltimore: No. 1344 W. Lafayette Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, December 3, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 5 mos.....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 600

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Louis Carlan

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Lillie Rouse

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

15- Filed MAY 8 1917 191.. MARY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4, 1917.
(Month) (Day) (Year)

17) I HEREBY CERTIFY, That I attended deceased from March 11 1917, to May 4 1917, that I saw h... alive on May 4 1917, and that death occurred, on the date stated above, at 8:10 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(Duration) 0 yrs. 0 mos. 5 ds.

CONTRIBUTORY (Secondary) Hydrocephalus (post natal) congenital

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry B. Conrad M. D.

May 4, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 24 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1344 W. Lafayette Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL	....., 191..
20-UNDERTAKER Health	ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5109

CERTIFICATE OF DEATH.

X 3 V D 5109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J Birch

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., 2 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Not Known ....., 1 .....
(Month) (Day) (Year)

7-AGE, 9 yrs. 11 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER " "

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15- Filed MAY 8 1917, 191..... HARRY C. ANDREWS Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1 1917, to May 6 1917, that I saw h[illegible] alive on May 6 1917 and that death occurred, on the date stated above, at 5.45 p.m.

The CAUSE OF DEATH* was as follows:

Pott's Disease

Not Known
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Tuberculosis

[illegible] (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas G. Smith, M. D.

May 6 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 7 mos. 5 ds. In the State ..... yrs. [illegible] mos. ..... ds.

Where was disease contracted if not at place of death? [illegible] Chas. Co. Md.

Former or usual residence [illegible] Chas. Co. Md.

19-PLACE OF BURIAL OR REMOVAL, ...

DATE OF BURIAL, MAY 8 1917

20-UNDERTAKER Commissioner Health

ADDRESS

UNIVERSITY OF MARYLAND

PAT. FEB. 5, 1907 WOODALL

D 5110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1917 D 5110

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1700 E.Fort Ave. St.; 24 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 28.)

2 FULL NAME James V.Gunning.

(Residence in Baltimore: No. 1334 Andre St.

St.; 32 yrs., 5 mos., 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single.

6-DATE OF BIRTH, December 4th. 1884., / (Month) (Day) (Year)

7-AGE, 32 yrs. 5 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman of
(b) General nature of industry, business, or establishment in which employed (or employer): Stevedores

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Martin J.Gunning.

11-BIRTHPLACE OF FATHER (State or Country) Ireland.

12-MAIDEN NAME OF MOTHER Mary Gurry.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin E.Gunning.(brother)

(Address) 1334 Andre St.

15- MAY 8 - 1917 Filed, 191.... HARRY C. ANDREWS Registrar

Cause of death must be given in full and plainly written. Do not use abbreviations or ditto marks. Technical or unusual words should be explained. Be sure that all questions are answered so far as information can be obtained. Omissions cause unnecessary correspondence and delay. Items 16 to 20 are important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5th. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest & autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage and Brain injuries due to pistol shot wound in the head. Homicide.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Geo. M. Reinhardt M. D. (Coroner.)

May. 7. 1917. (Address) 1017 S.Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross & H Co. DATE OF BURIAL, May 9 1917

20-UNDERTAKER Jno J. Tobin & Sons ADDRESS 1316 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

D 5111 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5111

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph's Hosp St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Chenowith

(Residence in Baltimore: No. 2450 Francis St St.; Me yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: March (Month) 4 (Day) 1858 (Year)

7-AGE: 59 yrs. 2 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Odd

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: George Chenowith

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Ruth Moran

13-BIRTHPLACE OF MOTHER (State or Country): Balto Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Chenowith

(Address) 2450 Francis St

15- MAY 8 1917 MARY E. ARCHER
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 16 1917, to May 7 1917, that I saw him alive on May 7 1917, and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Last Year (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary oedema

(Duration) yrs. 2 mos. ds.

(Signed) William F. O'Malley M. D.

5/7, 191.7 (Address) St Joseph Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 20 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 2450 Francis St.

19-PLACE OF BURIAL OR REMOVAL: Reisterstown M.E. Cem. DATE OF BURIAL: May 10, 191.7

20-UNDERTAKER: Wm Cook ADDRESS: 502 E. North ave.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 D 5112

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Dukeland ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles. P. White

(Residence in Baltimore: No. 1103 Dukeland St.; 7 yrs., 8 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. (Month) 28 (Day), 1909. (Year)

7-AGE, 7 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 600

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Charles M. White

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Elizabeth C Buchwald

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles M. White

(Address) 1103 Dukeland St.

15- MAY 8 1917 MARY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7 (Day), 1917 (Year)

17- , I HEREBY CERTIFY, That I attended deceased from April 28th 1917, to May 7th 1917, that I saw him alive on May 7th 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary) Congenital Hydrocephalus

(Duration) Part of Life mos. ds.

(Signed) Edw. Plummer M. D.

May 7, 191 7 (Address) 537 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, May 9, 191 7

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5113

CERTIFICATE OF DEATH.

120 D 5113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 449 E. 25th St.; 12 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Clifton Potterfield

(Residence in Baltimore: No. 449 E. 25th St.; 47 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, May (Month) 5 (Day), 1870 (Year)

7-AGE, 47 yrs. — mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, John D. Potterfield

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Sarah A. Jenkins

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo W. Little

(Address) 531 N. Fremont Av

15- Filed MAY 8 1917, 191..... Harry C. Andrews Bernard Fennit Clark Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1916, to May 7 1917, that I saw him alive on May 7 1917, and that death occurred, on the date stated above, at 8.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) About 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic coma

(Duration) yrs. mos. 4 ds.

(Signed) Harrison F. Cooper M. D.

May 8, 1917. (Address) 2425 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mns. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, May 9 1917

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont Av

Spec.—8-24-14—M. & T.—2000 Bks.

D 5114

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5114

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3021 Abell Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma V. Causey

(Residence in Baltimore: No. 3021 Abell Ave. St.; — yrs., 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... January 20, 1855
(Month) (Day) (Year)

7-AGE, 62 yrs. 3 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stone
(b) General nature of industry, business, or establishment in which employed (or employer)..... Cut

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Dykes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ann M. Parks

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..L. W. Dykes.....

(Address)..3021 Abell Av.....

15-

Filed MAY 8 1917, 191..... HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1917, to May 8 1917, that I saw h er alive on May 7 1917, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

..... Measles .....

.....

.....

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .... Broncho pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Harrison G. Cooper M. D.

May 8, 1917. (Address) 2425 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Salisbury Md	May 9 1917
20-UNDERTAKER	ADDRESS
Geo W Little	531 N Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 5115

HEALTH DEPARTMENT—CITY OF BALTIMORE

V31

D 5115

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 S. Howard St.; 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Biss

(Residence in Baltimore: No. 1031 S. Howard St St.; 1 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... Apr. (Month) 8 (Day), 1897 (Year)

7-AGE, 20 yrs. ... mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 070

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo H. Biss

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Biss

(Address) 1079 Penn alley

15-MAY 9 1917

Filed....., 191... ROBERT B. KRAUTER

Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1917, to May 7 1917, that I saw her alive on May 6 1917, and that death occurred, on the date stated above, at 11:40 P. m.

The CAUSE OF DEATH* was as follows:

..... Gastritis

..... acute

..... (Duration)..... yrs. 7 mos. ..... ds.

CONTRIBUTORY..... (Secondary)

..... (Duration)..... yrs. 3 mos. ..... ds.

(Signed)..... F. Edwards M. D.

5/8/17, 191... (Address) 910 Eagle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Ct	May 7, 1917.
20-UNDERTAKER	**ADDRESS**
J. L. Broun and Son	109 W. Monto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5116

CERTIFICATE OF DEATH.

30 D 5116

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Steiner

(Residence in Baltimore: No. 1133 E. Fayette St.; ...yrs.,...mos.,...da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 28 (Day), 1915 (Year)

7-AGE, 1 yrs. 10 mos. 12 da.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Balt md

PARENTS.

10-NAME OF FATHER, Dave Steiner

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fannie Mazurin

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Levis

(Address) 1441 E. Baltimore St

15-

Filed MAY 9 1917 191... ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 2 1917, to May 8 1917, that I saw her alive on May 8 1917, and that death occurred, on the date stated above, at 6.05 P.M.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(Duration) ...yrs. 7/24 mos. 6 da.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ...yrs. ...mos. 1 da.

(Signed) Israel Strauss M. D.

May 8..., 191.7 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 6 da. In the State ...yrs. ...mos. ...da.

Where was disease contracted, if not at place of death? at residence

Former or usual residence 1133 E. Fayette St.

19-PLACE OF BURIAL OR REMOVAL, Woodmen Circle Mt. Carmel DATE OF BURIAL, 5/9..., 191.7

20-UNDERTAKER Jack Levis ADDRESS 1441 E. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5117

CERTIFICATE OF DEATH.

19 D 5117

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2145 Penna ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin C. Prissman

(Residence in Baltimore: No. 2145 Penna ave St.; 31 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Unknown ....., 19.....
(Month) (Day) (Year)

7-AGE, 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Optician
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Prussia

PARENTS.

10-NAME OF FATHER, Uriah Prissman

11-BIRTHPLACE OF FATHER (State or Country), Prussia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J. Lewis .....

(Address)..... 1411 E Baltimore .....

15-Filed MAY 9 1917, 191.....

ROBERT R. KRAUTER
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7th, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 3 1917, to May 7 1917, that I saw h. last alive on May 7 1917, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

Exhaustion (Duration) ..... yrs. ..... mos. 2 ..... ds.

(Signed) Lonnie Hilbert M. D.

May 8, 1917 (Address) Walbrook Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mehren Friendship Cem	May 9, 1917
20-UNDERTAKER, Jack Lewis	ADDRESS 1411 E Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5118

103 D 5118

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 505 Nemsen ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Chapman

(Residence in Baltimore: No. 505 Nemsen St St.; yrs. 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widowed

6-DATE OF BIRTH, Oct. (Month) 11 (Day), 1870 (Year)

7-AGE,	If LESS than 1 day,
46 yrs. 7 mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)..... 070

9-BIRTHPLACE, (State or Country), Hanford Co. Va

PARENTS.

10-NAME OF FATHER, Stanley Hall

11-BIRTHPLACE OF FATHER (State or Country), Hanford Co. Va.

12-MAIDEN NAME OF MOTHER Louisa Hall

13-BIRTHPLACE OF MOTHER (State or Country), Hanford Co. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Corey Mason

(Address) 1123 Parrish Alley

15- Filed MAY 9 1917 191..... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CAUSE OF DEATH: Please write plainly. Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Dom. Kansas

(Duration).....yrs.....mos.....ds.

(Signed) P. E. Smith M. D.
(Coroner)

May 7, 1917. (Address) 910 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	May 11 19..

20-UNDERTAKER	ADDRESS
Samuel Hemsley	598 Druid Hill Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 5119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 109 D 5119

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. H. E. Brown

(Residence in Baltimore: No. Pimlico Md St.; 27 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not known, ... (Month) ..... (Day) ..... (Year)

7-AGE, 27 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... not known
(b) General nature of industry, business, or establishment in which employed (or employer)..... 137

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Hospital Record

(Address).....

15-

Filed MAY 9 1917 191..... ROBERT R. KRAUTER

Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1917, to May 9 1917, that I saw her alive on May 8 1917, and that death occurred, on the date stated above, at 3.05A m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Inflammation of bladder

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. P. Thurston M. D.

....., 191... (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 27 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Pimlico Md.

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Havre de Grace Md DATE OF BURIAL, May 11, 1917

20-UNDERTAKER E & B Hale ADDRESS 115 E Lexington St

Important: See instructions on page 2.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 5120

CERTIFICATE OF DEATH

28 D 5120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Retreat ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William W. Rhodes

(Residence in Baltimore: No. 1412 Retreat St., 12 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Sept. 4th (Month) (Day), 1881 (Year)

7-AGE: 36 yrs. 8 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Wholesale Drug Co
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE (State or country): Queen Anne Co Md.

PARENTS

10-NAME OF FATHER: Robt. Hy. Rhodes

11-BIRTHPLACE OF FATHER (State or country): Queen Anne Co Md.

12-MAIDEN NAME OF MOTHER: Susan McCahan

13-BIRTHPLACE OF MOTHER (State or country): Talbot Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs. Florence Rhodes

(Address): 1412 Retreat St

15- Filed MAY 9 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 8th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1917, to, May 8th 1917, that I saw him alive on May 7th 1917, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatism
followed by Tuberculosis of Lungs

(Duration) yrs 15 mos ds.

Contributory (SECONDARY) Dilation and Atrophy of Heart

(Duration) yrs one mos ds.

(Signed), E. Cheston M. D.

May 8 1917 [Address 1605 Mount Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: May 11, 1917

20-UNDERTAKER: Josiah Lapsley — ADDRESS: 800 W North ave

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Alice Boyd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5121

CERTIFICATE OF DEATH.

64 D 5121

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 Whitwood ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Boyd

(Residence in Baltimore: No. 825 Whitwood St.: 13 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Not known ....., 1847
(Month) (Day) (Year)

7-AGE, 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic 070
(b) General nature of industry, business, or establishment in which employed (or employer)..... General Housework

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Annie Boyd

(Address)..... 825 Whitwood St.

15-

Filed..... MAY 9 1917 ....., 191.....

ROBERT R. KRAUTH
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 27 1917, to May 7- 1917, that I saw her alive on May 6- 1917, and that death occurred, on the date stated above, at 1-30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Hemorrhage

..... (Duration) ?.... yrs. 1 mos. 12 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration)..... yrs..... mos..... ds.

(Signed)..... Chas. L. McCarthy M. D.

May 8, 1917. (Address) 906 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn Cemetery

DATE OF BURIAL, May 9, 1917.

20-UNDERTAKER John H. Todd

ADDRESS 142 N. Hill St.

Important. See instructions on the other side.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5123 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5122

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L Krause

(Residence in Baltimore: No. 1924 N. Washington St St.; 56 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, April 14th (Month) (Day), 1861 (Year)

7-AGE, 56 yrs. mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): 003

9-BIRTHPLACE, (State or Country), Balto. Md. U. S.

PARENTS.

10-NAME OF FATHER, Adam Krause

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Vonderlind

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C C Keely MD

(Address) U. P. Infirmary.

15- Filed MAY 9 1917 ROBERT B. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4th 1917, to May 8th 1917, that I saw him alive on May 8th 1917, and that death occurred, on the date stated above, at 6559 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis
(Etiology not ascertained)

(Duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 32 ds.

(Signed) Hugh C. T. Gill M. D.

May 8, 1917. (Address) Union Protestant Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State ? yrs. mos. ds.

Where was disease contracted, if not at place of death? 1924 N Washington St

Former or usual residence Same as above.

19-PLACE OF BURIAL OR REMOVAL, St. Mathew Cemetery — DATE OF BURIAL, May 11, 1917.

20-UNDERTAKER Henry Hoen Son — ADDRESS 1301 E Eager St

Important.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5123 HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5123

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 Hanover St.) 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Lang

(Residence in Baltimore: No. 1215 Hanover St.) (Age: 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Wh

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, July 30 (Month) (Day) 184? (Year)

7-AGE, 69 yrs. 9 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Kratz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa Stein

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles P. Lang

(Address) 1215 Hanover St.

15- Filed MAY 9 - 1917, 191.... ROBERT B. KRAUTHS Registrar

Important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1917, to May 7 1917, that I saw her alive on May 7 1917, and that death occurred, on the date stated above, at 12 15 m.

The CAUSE OF DEATH* was as follows:

Valvular lesion of heart

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) yrs. mos. ds.

(Signed) C. P. Lang M. D.

May 9, 1917. (Address) 1215 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at places of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lindenwood Cemetery — DATE OF BURIAL, May 10, 1917

20-UNDERTAKER Wm. A. Rohde Sons — ADDRESS 730 Park Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5121

CERTIFICATE OF DEATH.

66

D 5124

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thweatt

(Residence in Baltimore: No. 10 St.: ..... yrs., 5 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)

6-DATE OF BIRTH,
..... (Month) ..... (Day) 184... (Year)

7-AGE,
.....yrs.....mos.....ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed MAY 9 1917 191.....

ROBERT B. KRAUTER
Burial Permit

Important: See instructions on back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH,
....., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191...., to .....191....., that I saw h..... alive on .....191....., and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	May 10, 191.7

20-UNDERTAKER ADDRESS 1400 N. Eutaw

Henry W. Jenkins Sons & Co. Orchard St.s.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5125

CERTIFICATE OF DEATH.

17 D 5125

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 874 Pierce ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Haines

(Residence in Baltimore: No. 874 Pierce St.; 64 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, Colrd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Wid

6-DATE OF BIRTH, ... January ....., 1853
(Month) (Day) (Year)

7-AGE, 64 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) 041

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, [illegible] Brown

11-BIRTHPLACE OF FATHER (State or Country), [illegible] Brown

12-MAIDEN NAME OF MOTHER [illegible] Brown

13-BIRTHPLACE OF MOTHER (State or Country), [illegible] Brown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Beach Hopewell

(Address) 874 Pierce

15- Filed MAY 9 1917 191. ROBERT R. KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May 7 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 191 7, to May 7 1917, that I saw h..... alive on May 7 1917, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) ..... M. D.

May 8 1917 (Address) 1339 Montpelier

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Olivet Cem	May 10, 191 7.
20-UNDERTAKER Howard Easton	ADDRESS 916 Lemmon

Important. See instructions on reverse side.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5126

CERTIFICATE OF DEATH.

40

D 5126

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 241 S Washington ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Knauss

(Residence in Baltimore: No. 241 S. Washington St.; 64 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Feb. 28th, 1856
(Month) (Day) (Year)

7-AGE, 61 yrs. 2 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At home 087
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, John Winter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Johanna Stemmedy

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) John Knauss

(Address) 32 N. Chester St.

15-
Filed MAY 9 - 1917, 191.....
ROBERT R. KRAUTHE
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 191?, to May 5 191?, that I saw her alive on May 5 191?, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) ..... M. D.

May 7, 1917. (Address) 2238 E. Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, May 9th 1917

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Read St.

Important. Sec instructions on reverse side.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5127

CERTIFICATE OF DEATH.

150 D 5127

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 Fait Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Kosiorek

(Residence in Baltimore: No. 2603 Fait ave St.; ....yrs,,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) 17, (Day) 1917 (Year)

7-AGE, ...yrs. 1 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 1700

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Tefil Kosiorek

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Anna Konopacka

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tefil Kosiorek

(Address) 2609 Fait Ave

15- MAY 9 - 1917 ROBERT R. KRAUTER

Filed....., 191..... Registrar.

Burial Permit 5161

Important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1917, to May 8 1917, that I saw him alive on May 3 1917, and that death occurred, on the date stated above, at 12.35 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Hæmoptysis)

(Duration) yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 5 ds.

(Signed) Chas. T. Nell M. D.

5/8/17, 191... (Address) 408 S Pat Park ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE, (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem — DATE OF BURIAL, May 9, 1917

20-UNDERTAKER, Stephen J Kwiatkowski — ADDRESS 1019 S Hanover ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5128

CERTIFICATE OF DEATH.

92 D 5128

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace E. Kriger

(Residence in Baltimore: No. 1340 S. Charles St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Aug. 15th, 1873. (Month) (Day) (Year)

7-AGE, 43 yrs. 8 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At home

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Michael P Tyrrell

11-BIRTHPLACE OF FATHER (State or Country), Dublin Ire.

12-MAIDEN NAME OF MOTHER Margarita A. Kirby

13-BIRTHPLACE OF MOTHER (State or Country), Prince George Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. P. Tyrrell

(Address) 2600 Guilford Ave

15- Filed MAY 9 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Obtained

Important. See Instructions for Filling Out Blanks.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1917, to May 8 1917, that I saw her alive on May 8 1917, and that death occurred, on the date stated above, at 5.00 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ....yrs. ....mos. ½ ds.

(Signed) W. F. O'Keefe M. D.

5/8....., 1917. (Address) St. Joseph Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Cont. Conv.

Former or usual residence 1340 S. Charles St.

PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, May 10 1917.

20-UNDERTAKER F. A. Krause ADDRESS 703 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5129

CERTIFICATE OF DEATH.

182 D 5129

REGISTERED NO. C.....

1-PLACE OF DEATH Pronounced dead at
CITY OF BALTIMORE (No. Franklin Square Hospital ST.: 17 WARD)
2-FULL NAME Charles Earl
(Residence in Baltimore: No. 719 Pierce St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 2 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal Passer
(b) General nature of industry, business, or establishment in which employed (or employer): Steam R'y. Co.

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, George Earl
11-BIRTHPLACE OF FATHER (State or Country), Georgia
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Grace Earl (Mrs. Wilbur)
(Address) 719 Pierce St

15- Filed MAY 9 - 1917, 191.. ROBERT R. KRAUTER Registrar.
Burial Permit

CAUSE OF DEATH is plain terms is important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.. by death on the day stated above.

The CAUSE OF DEATH* was as follows:
Gun Shot Wound in Chest
by Officer in discharge of his
duty in Self defense 20 Minutes
(Duration) yrs. mos.
CONTRIBUTORY Hemorrhage - chest
(Secondary) 20 min.
Coma (Duration) yrs. mos. ds.

(Signed) James M. Fenton M. D.
(Coroner.)
May 9, 191.7 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, May 10, 19.7.
20-UNDERTAKER, Samuel Hensley ADDRESS 518 N Bdwy

Spec.—8-24-14—M. & T.—2000 Bks.

D 5130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5130

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Hollins St.; 18 WARD) REGISTERED NO. C 67

2-FULL NAME Thomas T. Hamilton

(Residence in Baltimore: No. 912 Hollins St.; 50 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): married

6-DATE OF BIRTH: April 2, 1835 (Month) (Day) (Year)

7-AGE: 82 yrs. 1 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer): for self

4

9-BIRTHPLACE, (State or Country): Cleveland, Ohio

PARENTS.

10-NAME OF FATHER: George W. Hamilton

11-BIRTHPLACE OF FATHER (State or Country): New York

12-MAIDEN NAME OF MOTHER: Mary Townsend

13-BIRTHPLACE OF MOTHER (State or Country): New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Campsdell Hamilton

(Address) 912 Hollins St.

15-Filed MAY 9 1917, 191.. ROBERT R. KRAUTHE Registrar.

Burial Permit

Important. See instructions on back of this Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 8th, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from December 1913, to May 8th 1917, that I saw him alive on May 2nd 1917, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

3 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prostatism

(Duration) yrs. mos. 14 ds.

(Signed) O. Newell Dorsett M. D.

May 9, 1917. (Address) 1817 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, May 11, 191..7

20-UNDERTAKER Jos B Cook ADDRESS 1003 W. Balto.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5131

D 5131

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 Huntington Ave. St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida May Bowers.

(Residence in Baltimore: No. 2032 Huntington Ave. St.: 1 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 2, 1900
(Month) (Day) (Year)

7-AGE, 17 yrs. 2 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Oakland, Carroll CO., Md.

PARENTS.

10-NAME OF FATHER, Louis C. Bowers,

11-BIRTHPLACE OF FATHER (State or Country), Frederick, Md.

12-MAIDEN NAME OF MOTHER Amanda C. Shipley

13-BIRTHPLACE OF MOTHER (State or Country), Dickeysville, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis C. Bowers

(Address) 2032 Huntington Ave.

15-

Filed MAY 9 1917 191..... ROBERT P. KRAUTER Registrar.

Important. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1917, to May 7 1917, that I saw h[illegible] alive on May 6 1917, and that death occurred, on the date stated above, at 2 a, m.

The CAUSE OF DEATH* was as follows:

Tuberculosis 7 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

May 9 191.. (Address) 74 W. Mul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, May 9, 191..

20-UNDERTAKER Jas B Cook

ADDRESS 1003 W. Balto.

D 5132

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5132

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 943 W. Lombard St.; 18 WARD) REGISTERED No. C

2-FULL NAME Mary E. Driscoll

(Residence in Baltimore: No. 943 W Lombard St.; yrs. 58 mos. 5 ds. 10)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	W	Widow

6-DATE OF BIRTH, November 27, 1858
(Month) (Day) (Year)

7-AGE, 58 yrs. 5 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Robt Mowatt.

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Mary E Lindenberger

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. B Cook

(Address) 1034 Balto

15-MAY 9 - 1917 Filed ....., 191... ROBERT R. KRAUTER Registrar.

Burial Permit Given

CAUSE OF DEATH to be filled in plain terms. Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert D Driscoll M. D.
(Coroner.)

May 9 191... (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	May 10, 1917
20-UNDERTAKER Joseph B. Cook	ADDRESS 1033 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

D 5133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 5133

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 W. Fairmount Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Biddison

(Residence in Baltimore: No. 2507 W. Fairmount Ave St.; ....yrs., 3 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ...January (Month) 17 (Day), 1917 (Year)

7-AGE, ...yrs. 3 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William H. Biddison

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary Schultheis

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Biddison

(Address) 2507 W. Fairmount ave

15- MAY 9 - 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

Important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...May (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1917, to May 8 1917, that I saw h im alive on May 8 1917, and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth (7th month)

(Duration) ....yrs. 3 mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John A. Baldwin M. D.

May 8, 1917. (Address) 4623 York Rd. Govans

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westen Cemetery — DATE OF BURIAL, May 9, 1917.

20-UNDERTAKER ADDRESS

F. J. Wagner 1738 Fredk Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 5134

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5131

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isadore Sociskil

(Residence in Baltimore: No. Church Home St.; 68 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, unknown (Month) ..... (Day), 1 (Year)

7-AGE, 78 yrs. mos. ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Alex Cockay

(Address) 3114 E. Baltimore

15- MAY 9 - 1917

Filed....., 191... HARRY C. ARMSTRONG Registrar.

Burial Permit Clerk

Important. See Instructions on back of Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 191 6, to May 8 191 7, that I saw h[illegible] alive on May 8 191 7, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) unknown mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hamorrhage

(Duration) 1 hours mos. ds.

(Signed) C M Harmon M. D.

....., 191... (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 27 yrs. 10 mos. 18 ds. In the State unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence unknown

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	May 10, 1917
20-UNDERTAKER	ADDRESS
George J Smith	1883 W Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 5135 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5135

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 E. Ann St., 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie E. McEwan

(Residence in Baltimore: No. 132 E. Ann St.; 44 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, June (Month) 29 (Day), 1854 (Year)

7-AGE, 62 yrs. 10 mos. 8 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Police
(b) General nature of industry, business, or establishment in which employed (or employer): Officer 061

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John McEwan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Quinn

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie McEwan

(Address) 132 E. Ann St.

15- Filed MAY 9 - 1917, 191... HARRY O. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 30th 1917, to May 7th 1917, that I saw h— alive on May 7th 1917, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 3 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Helge Ackerlund M. D.

May 9th, 191.. (Address) 2129 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem.	May 10th, 191..
20-UNDERTAKER John A. Duran	ADDRESS 2100 E. Baltimore St.

Important.—See instructions on reverse side.

D 5136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186 D 5136

REGISTERED No. C.....

1 PLACE OF DEATH
CITY OF BALTIMORE (No. Md General Hosp ST.; 70 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary A Harten

(Residence in Baltimore: No. 909 N. Franklin St ..... St.; yrs., 2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, ... Apr. (Month) ..... 5 (Day), 1886 (Year)

7-AGE, ... 31 yrs. ..... 1 mos. ..... 3 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) 041

9-BIRTHPLACE, (State or Country), Calvert Co Md

PARENTS.

10-NAME OF FATHER, Geo R. Horton

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co Md

12-MAIDEN NAME OF MOTHER Elizabeth

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Jasper Horton

(Address) ..... 1909 W. Franklin St.

15- Filed MAY 9 - 1917, 191.... HARRY C. ANDREWS Registrar.

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) ..... 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... Inquiry (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abortion
Self induced
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Puerperal Septicaemia
(Duration) .... yrs. ..... mos. ..... ds.

(Signed) ..... C. E. Smith ..... M. D.
5/9, 1917. (Coroner) (Address) 710 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? 1909 W Franklin St
Former or usual residence 1909 W Franklin St

19-PLACE OF BURIAL, OR REMOVAL, Solomons Island Calvert Co Md — DATE OF BURIAL, May 10 1917

20-UNDERTAKER Reuben Lore — ADDRESS 1723 W Lafayette

Spec.—8-24-14—M. & T.—2000 Blks.

D 5137

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5137

CERTIFICATE OF DEATH.

X 167

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 N. Stockton St ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Anderson

(Residence in Baltimore: No. ..... St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, April 28, 1841
(Month) (Day) (Year)

7-AGE, 26 yrs. ..... mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. James Bouldin

11-BIRTHPLACE OF FATHER (State or Country). md

12-MAIDEN NAME OF MOTHER Eliza Johnson

13-BIRTHPLACE OF MOTHER (State or Country). md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Anderson

(Address) 1022 Stockton st.

15- MAY 9 - 1917 MARY C. ANDREWS

Filed ..... 191..... Assistant Clerk
Registrar.

over

Important. See instructions on other side of Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1916, to May 8 1917, that I saw h-er alive on May 8 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

61 2

(Duration) ..... yrs. 4 mos. 12 ds.

CONTRIBUTORY (Secondary) Acute Parenchymatous nephritis.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles Leslie Penney M. D.
Per E Baldwin M.D.

May 8, 1917. (Address) 812 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 27 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Catonsville Md

Former or usual residence Catonsville Md

19-PLACE OF BURIAL OR REMOVAL: Ever Green Cemty. DATE OF BURIAL: May 11, 1917.

20-UNDERTAKER James H. Dennis ADDRESS 1302 Preston

Spec.—8-24-14—M. & T.—2000 Blks.

D 5138 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5138

CERTIFICATE OF DEATH. 1726

1-PLACE OF DEATH REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Robinson

(Residence in Baltimore: No. 18 days in Hospital St.; ....yrs., ...mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 26 (Day), 1843 (Year)

7-AGE,	If LESS than 1 day,
73 yrs. 10 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Druggist
(b) General nature of industry, business, or establishment in which employed (or employer)..... 025

9-BIRTHPLACE, (State or Country), Ky.

PARENTS.

10-NAME OF FATHER, Richard Robinson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Eliz. Pettet.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp

15- MAY 9 - 1917 HARRY O. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to May 9 1917, that I saw h[im] alive on May 9 1917, and that death occurred, on the date stated above, at 5 40 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(Duration)....yrs....mos. 2 ds.

CONTRIBUTORY (Secondary) Hypertrophy Prostate Hypertension

(Duration) 5 yrs....mos....ds.

(Signed) W. L. Reid M. D.

May 9, 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 923-4th St Louisville, Ky.

19-PLACE OF BURIAL OR REMOVAL, Louisville Ky — DATE OF BURIAL, May 9, 1917

20-UNDERTAKER Elliott & Fuller — ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5139

CERTIFICATE OF DEATH.

92 D 5139

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Gough ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth H. Langdale.

(Residence in Baltimore: No. 1810 Gough St.; 76 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Dec 17, 1840
(Month) (Day) (Year)

7-AGE, 76 yrs. 4 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 00

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Hammond

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry H. Langdale

(Address) 1810 Gough St

15-

Filed MAY 9 - 1917, 191.....

HARRY D. ANDREWS
Burial Permit Clerk
Registrar.

Important. See instructions on back of Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3rd, 1917, to May 8th, 1917, that I saw h.r alive on May 7th, 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Wm Sidney Perkins M. D.

May 8th, 1917. (Address) 1618 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn

DATE OF BURIAL, May 10, 1917.

20-UNDERTAKER Noll Teach

ADDRESS 2026 North ave

D 5140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78 D 5140

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2617 W Fairmount ave ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Leffler

(Residence in Baltimore: No. 2617 W Fairmount ave St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Married

6-DATE OF BIRTH, Nov (Month) 19 (Day), 1871 (Year)

7-AGE, 45 yrs. 5 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Moulder
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R R Co

9-BIRTHPLACE. (State or Country). Maryland

PARENTS.

10-NAME OF FATHER Alexander Leffler

11-BIRTHPLACE OF FATHER (State or Country). German

12-MAIDEN NAME OF MOTHER Margaret Rheinl

13-BIRTHPLACE OF MOTHER (State or Country). German

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Della Leffler

(Address) 2617 W Fairmount ave

15-
Filed MAY 9 - 1917, 191.. MARY C. ANDREWS
Burial Permit Clerk.
Registrar.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows: Myocarditis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart (Duration) 1 yr. 20 mos.

(Signed) James M Kenton M. D. (Coroner.)

May 9, 1917 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Western Cem. DATE OF BURIAL, May 13, 1917

20-UNDERTAKER Wm Cook ADDRESS 502 E North Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 5141

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1164 Belnord ave ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Robinson

(Residence in Baltimore: No. 1164 Belnord ave St.; 40 yrs., 9 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 29 (Day), 1876 (Year)

7-AGE, 40 yrs. 9 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... 009

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Edwin Robinson

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Emma Walker

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant).... Emma M. Braswell
(Address).. 316 Harwood Ave

15-

Filed..... MAY 9 1917 191..... MARY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1917, to May 7 1917, that I saw h[illegible] alive on May 4th 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Acute
Personal (Duration) 2 yrs. 2 mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Albertus Cullen M. D.
May 8, 1917 (Address) 1303 Mad Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, May 10 1917

20-UNDERTAKER Wm Cook — ADDRESS 502 E North Ave,

D 5142

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

63 D 5142

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Greenmount & Whitridge Aves ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William R. Scott

(Residence in Baltimore: No. 435 Whitridge Av St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Aug 9 (Month) (Day), 1853 (Year)

7 AGE: 63 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION: 045
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Poultry Merchant

9 BIRTHPLACE (State or country): Baltimore,

PARENTS

10 NAME OF FATHER: John Scott

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Juliet Morton

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. M. Scott,

(Address) 1210 Bloomingdale Rd

15 Filed MAY 9 - 1917, 191

HARRY J. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 8 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from August, 1914, to May 8, 1917, that I saw h[illegible] alive on " , 1917, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Progressive Muscular Atrophy

(Duration) 2 yrs. 7 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) George H. Hartman M. D.

May 8, 1917 (Address) 1121 N Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cem

DATE OF BURIAL: May 11, 1917

20 UNDERTAKER: Wm. Cook

ADDRESS: 502 E North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. [illegible] is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5143

CERTIFICATE OF DEATH.

64

D 5143

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Plum alley ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Moses Robbins

(Residence in Baltimore: No. 905 Plum alley St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... May — (Month) (Day), 1876. (Year)

7-AGE, ...41....yrs....mos....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Teamster
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Of

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Seldon (niece)

(Address) 426 W. Hamilton St.

15- MAY 10 1917 ROBERT R. KRAUTER

Filed ....., 191....Burial Permit Clerk Registrar.

Important: See instructions.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) ....8.... (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6, 1917, to May 7, 1917, that I saw him alive on May 7 1917, and that death occurred, on the date stated above, at 6:10 a.m.

The CAUSE OF DEATH* was as follows:

Primary—Cerebral Hemorrhage and Paralysis

Immediate—Exhaustion

..... (Duration) .....yrs.....mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs.....mos. 3 ds.

(Signed) J. P. Stevens M. D.

5/8/1917. (Address) 506 Hanover st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 10, 1917.
20-UNDERTAKER	ADDRESS
J. L. Brown & Son	108 Mon...

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5144

CERTIFICATE OF DEATH.

29 D 5144

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 Warner ST.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Lena Turner

(Residence in Baltimore: No. 1132 Warner St.; 10 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, October, 7, 1907
(Month) (Day) (Year)

7-AGE, 10 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer)..... Girl

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Frank Turner

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emma Lena Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Frank Turner

(Address).. 1132 Warner

15- Filed MAY 10 1917, 191... ROBERT R. KRAUTH Registrar.

Burial Permit Issued

CAUSE OF DEATH. See instructions on back of certificate. important.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May, 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 2, 1917, to May 8, 1917, that I saw her alive on May 6, 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration)....yrs. 2 mos....ds.

CONTRIBUTORY.....
(Secondary)

(Duration)....yrs....mos....ds.

(Signed) David Frame Cross M. D.

....., 191... (Address) 172 W. Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, May 10 1917

20-UNDERTAKER J. L. Brownson — ADDRESS 108 Monty Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5145

CERTIFICATE OF DEATH.

D 5145

PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Nuwan ST.: 17 WARD)

REGISTERED NO. C 91

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Dorothy Ellen Smith

Residence in Baltimore: No. 518, Nuwan St.: 1 yrs. 3 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Femal

4-COLOR OR RACE, Wh

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January (Month) 10th (Day), 1916 (Year)

7-AGE, 1 yrs. 3 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore - Md -

PARENTS.

10-NAME OF FATHER, Stewart Smith

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Edwards

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Smith

(Address) 518 Nuwan St C.

15- MAY 10 1917 ROBERT B. KRAUTER

Filed....., 191.....

Burial Permit Returned.

No 1365

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27 1917, to May 9th 1917, that I saw her alive on May 9th 1917, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Broncho - pneumonia

(Duration) .....yrs.....mos. 15 ds.

CONTRIBUTORY (Secondary) None

(Duration) .....yrs.....mos.....ds.

(Signed) Bertha E. Hopeman M. D.

May 9, 1917 (Address) 2113 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, May 10., 1917.

20-UNDERTAKER Daniel Easton ADDRESS 916 Penna Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5146

D 5146

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 N Broadway ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Engelhaupt

Residence in Baltimore: No. 1705 N. Broadway St.; 73 yrs., 8 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Aug (Month) 14 (Day), 1843 (Year)

7-AGE,	If LESS than 1 day,
73 yrs. 8 mos. 25 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Adam Engelhaupt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Stuckert

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret E Engelhaupt

(Address) 1705 N Broadway

15- MAY 10 1917 ROBERT B. KRAUTH

Filed ....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1917, to May 9 1917, that I saw h[illegible] alive on May 9 1917, and that death occurred, on the date stated above, at 8 4 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 1 yrs. mos. ds.

(Signed) M. J. Tuby M. D.

May 9, 191 7. (Address) 1639 Linn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem	May 11, 191 7
20-UNDERTAKER	ADDRESS
Chas S. Coates & Son	118 W Mt Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5147

CERTIFICATE OF DEATH.

79 D 5147

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 N. Carey St. St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis F. Elliot

(Residence in Baltimore: No. 319 N. Carey St. St.; ..... yrs., ... mos. ..... ds.)

20

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, July (Month) 18 (Day), 1860 (Year)

7-AGE 56 yrs. 9 mos. 21 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Packer
(b) General nature of industry, business, or establishment in which employed (or employer): Dept. Store

9-BIRTHPLACE, (State or Country), Penna.

PARENTS.

10-NAME OF FATHER, Frank Elliot

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Jeannette Elliot
(Informant)
319 N. Carey St.
(Address)

15- Filed MAY 10 1917, 191... ROBERT R. KRAUTHR
Burial Permit Register.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23d 1917, to May 9th 1917, that I saw him alive on May 1st 1917, and that death occurred, on the date stated above, at 2, P. m.

The CAUSE OF DEATH* was as follows:

Valvular (Mitral) insufficiency

Chronic Heart Disease

(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) I. P. Domwalka M. D.

May 9th, 1917 (Address) 877 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oheb Sholam Cem. DATE OF BURIAL, May 11, 1917.

20-UNDERTAKER David Sondheim ADDRESS 118 W. Mt. Royal Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5148

CERTIFICATE OF DEATH.

150 ✓ D 5148

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Belnord Av ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Amanda Schemmaul

(Residence in Baltimore: No. 419 N. Belnord Av St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	W.	Single

6-DATE OF BIRTH, May 3rd, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 600

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Edward Schemmaul X

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Annie Schultz

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Schemmaul X

(Address) X19 N. Belnord Av.

15- MAY 10 1917 ROBERT R. KRAUTER
Filed ....., 191.... Registrar.
Burial Permit Issued

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3rd 1917, to May 10 1917, that I saw h Sr alive on May 9 1917, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Intussusception

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Congenital Malformation

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. H. Meyer Jr. M. D.

5/10/17, 191.7. (Address) 401 N. Bakewell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, 5/10, 191.7

20-UNDERTAKER Robert Brooks

ADDRESS Calhoun St

D 5149

HEALTH DEPARTMENT--CITY OF BALTIMORE.

CERTIFICATE OF DEATH

79 D 5149

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. 723 W. Hamburg St. ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Gausman.

(Residence in Baltimore: No. 723 W. Hamburg St. St.; 62 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female.

4-COLOR OR RACE: White.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow.

6-DATE OF BIRTH: June, 15th. 1842. (Month) (Day), 1 (Year)

7-AGE: 74 yrs. 10 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Herman Ackerman.

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Lena Borman.

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Gausman.(son)

(Address) 723 W. Hamburg St.

15 Filed MAY 10 1917 191 ROBERT R. KRAUTH Burial Permit Officer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May, 8th. 1917. (Month) (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11th., 1916, to May, 8th. 1917., that I saw her alive on May, 8th. 1917., and that death occurred, on the date stated above, at 11.25A m.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Uraemia.

(Duration) yrs. mos. 2 ds.

(Signed) Otto M. Steinhardt M. D.

May, 8th. 1917. (Address) 1017 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lauden Park

DATE OF BURIAL: May 11 1917.

20 UNDERTAKER: Jams Dignan & Son

ADDRESS: 1000 S Paca st

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of disease alone is not sufficient. Term "Blood Poisoning" is indefinite and is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5150

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5150

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 S Fremont ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Beckett

(Residence in Baltimore: No. 809 S Fremont St.; ..... yrs., 8 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	single

6-DATE OF BIRTH, ... Aug (Month) ..... 15 (Day) ....., 1917 (Year)

7-AGE.	If LESS than 1 day,
.....yrs. 8 mos. 20 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Elmer Beckett

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Ada Bullen

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elsie Beckett

(Address) 809 S Fremont St.

15- Filed MAY 10 1917, 191... ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) ..... 8 (Day) ....., 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6th 1917, to May 8 1917, that I saw h.. alive on May 8 1917, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

.....

..... Pneumonia

.....

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) W. Lobar Pneumonia Coagl.

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) J E Boulton M. D.

May 9th 1917 (Address) 615 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	May 10..., 1917
20-UNDERTAKER,	ADDRESS
James Dugan & Son	1000 E Pleasant St

Important: See instructions on back.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5151 ✓ 16 D 5151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3246 Barley ST. 12 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME William Lane

(Residence in Baltimore: No. 3246 Barley St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1853 (Year)

7-AGE, 64 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Horseman 024
(b) General nature of industry, business, or establishment in which employed (or employer), Livery Stable keeper

9-BIRTHPLACE, (State or Country), Essex Co. Va

PARENTS.

10-NAME OF FATHER, Henry Lane

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Lane

(Address) 3246 Barley St

15- MAY 10 1917 ROBERT R. KRAUTER

Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1917, to May 7 1917, that I saw h-- alive on May 7 1917, and that death occurred, on the date stated above, at 6.15 a.m.

The CAUSE OF DEATH* was as follows:

Fracture of Hip

(Duration) yrs. 3 mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia and exhaustion (Duration) yrs. mos. 4 ds.

(Signed) C. Garland Ashmall M. D.

May 8, 1917. (Address) 1504 W. Lan

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, May 12 1917

20-UNDERTAKER Mrs Robt A. Elliott — ADDRESS 500 East St.

(Over)

Important. See instructions on back.

Spec.—8-24-14—M. S. T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5152 — 81 D 5152

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Royalton Apt's. (North & Mo.) ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Clayton.

(Residence in Baltimore: No. Royalton Apartments. St.; 0 yrs., 6 mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White.	Widowed

6-DATE OF BIRTH, August (Month) 21 (Day), 1838. (Year)

7-AGE, 78 yrs. 8 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired.
(b) General nature of industry, business, or establishment in which employed (or employer): ----------

9-BIRTHPLACE, (State or Country), Cecil Co., Md.

PARENTS.

10-NAME OF FATHER, John L. Clayton.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER ELLEN M. Clark.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J.L.Clayton, (son)

(Address) 1011 Appleton St.

15-MAY 10 1917 ROBERT R. KRAUTHER
Filed....., 191..... Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Mch 20 1917, to May 9 1917, that I saw h[illegible] alive on May 8 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cardiac Arteriosclerosis

(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(Duration) 2 yrs. ...mos. ...ds.

(Signed) [illegible] M. D.

May 9, 1917. (Address) Rodgers

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ---yrs. ---mos. ---ds. in the State ---yrs. ---mos. ---ds.

Where was disease contracted, if not at place of death? ----------

Former or usual residence ----------

19-PLACE OF BURIAL OR REMOVAL: Bethel M.E.Cem, Md. Cecil Co. DATE OF BURIAL, May., 11/1917

20-UNDERTAKER Stewart & Mowen Company ADDRESS 108W. North Av

Important. See instructions on back.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5153

CERTIFICATE OF DEATH.

D 5153

REGISTERED No. C 80

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3036 Guilford Ave. ST., 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Y. Thurlow

(Residence in Baltimore: No. 3036 Guilford Ave. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, February (Month) 18 (Day), 1853 (Year)

7-AGE, 64 yrs. 2 mos. 20 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Real Estate

9-BIRTHPLACE, (State or Country), Balto. City,

PARENTS.

10-NAME OF FATHER, John Thurlow

11-BIRTHPLACE OF FATHER (State or Country). Balto. City,

12-MAIDEN NAME OF MOTHER Mary A. Commerrell

13-BIRTHPLACE OF MOTHER (State or Country). Balto. City,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida F. Thurlow

(Address) 3036 Guilford Ave.

15-

Filed MAY 10 1917, 191. ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May - 8 - (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb - 1917, to May 8 1917, that I saw h— alive on May 8 1917, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Cortrae Dis - Valvular -

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(Duration) yrs. 4 mos. ds.

(Signed) M. P. Broadbent M. D.

May 9, 191 7. (Address) 125 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Greenmount Cemetery	May 11, 1917
20-UNDERTAKER	ADDRESS
Wm. C. Black,	927 N. Broadway,

Important. Use typewriter.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161 X

D 5154

CERTIFICATE OF DEATH.

D 5151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Etting St. 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert McGowan

(Residence in Baltimore: No. 2421 Etting St. St.; ...yrs,...mos...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.)
Male	Colored	

6-DATE OF BIRTH, April 1st, 1913
(Month) (Day) (Year)

7-AGE, 4 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Robert McGowan

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Miller

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt McGowan

(Address) 2421 Ettings St

15-

Filed MAY 10 1917 191.... ROBERT B. KRAUTHS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from .....191....., to .....191....., that I saw h.....alive on.....191....., and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

[redacted]

Tuberculosis Meningitis

..... (Duration).....yrs.....mos....5..ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) [redacted] M. D.

May 10 1917. (Address) Health Department

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos. 5 ds. In the State .....yrs. Life mos. .....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 2421 Ettings St.

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY

DATE OF BURIAL, May 11, 1917

20-UNDERTAKER Commissioner of Health

ADDRESS 1303 Eastman

Body at morgue Woodall. (Autopsy)

Spec.—3-24-14—M. & T.—2000 Blks.

D 5155

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5155

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 St Paul ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William S Taylor

(Residence in Baltimore: No. 2104 St Paul St.; 66 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) 9 (Day), 1844 (Year)

7-AGE, 73 yrs. 7 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer): 042

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, William S. Taylor

11-BIRTHPLACE OF FATHER (State or Country), A. A. Co Maryland

12-MAIDEN NAME OF MOTHER, Elizabeth Watkins

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William S. Taylor

(Address) 2104 St Paul St

15- MAY 10 1917 Filed....., 191.....

ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2nd 1917, to May 9th 1917, that I saw h[illegible] alive on May 9th 1917, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ? yrs. mos. ds.

(Signed) Thomas L. Steiner M. D.

May 10th, 1917. (Address) 905 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, May 12, 1917

20-UNDERTAKER William Cook — ADDRESS 503 E. North

Dr Steiner 905 N. Charles Street

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5156

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hanover Ward St.; ... WARD)

REGISTERED NO. C 104 D 5156

2-FULL NAME Mrs. Schaare

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 44 S Schroeder St.; ...yrs,...mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug. (Month) 10 (Day), 1854 (Year)

7-AGE, 62 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 045

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Lewis Schaare

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Kramer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Kelly

(Address) 44 S Schroeder St

15-

Filed ..... 191.....

MAY 10 1917

ROBERT. P. KRAUTER
Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 2 1917, to May 9 1917, that I saw h...m alive on May 8 1917, and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH* was as follows:

Obstruction of bowel

(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary) Pernicious Vomiting

(Duration) ...yrs. ...mos. 12 ds.

(Signed) John A Evans M. D.

May 9, 1917. (Address) 101 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 7 ds. In the State 62 yrs. 9 mos. ...ds.

Where was disease contracted, if not at place of death? at 44 S. Schroeder St.

Former or usual residence 44 S. Schroeder St

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery — DATE OF BURIAL, May 12, 1917.

20-UNDERTAKER John J Coman & Son — ADDRESS 901 Hollins St

Important. See instructions on back.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5157

CERTIFICATE OF DEATH.

28 ✓ D 5157

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 853 Pierce ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Glayton

(Residence in Baltimore: No. 853 Pierce St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col.	Widow

6-DATE OF BIRTH, Sept. (Month) 17 (Day), 1865 (Year)

7-AGE,	If LESS than 1 day.
51 yrs. 7 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): work

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Mathias Swan

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Johnson

(Address) 853 Pierce St.

15- Filed MAY 10 1917, 191.... ROBERT R. KRAUTHER Registrar.

Burial Permit

Important. See instructions.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1917, to May 8th 1917, that I saw her alive on May 6th 1917, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jno. G. Shiels M. D.

May 9 1917 (Address) 206 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Browns Wharf St Mary Co	May 12 1917
20-UNDERTAKER	ADDRESS
Chas J. Canavan Jun	701 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5158

CERTIFICATE OF DEATH.

D 5158

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 N. Queen ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Jones

(Residence in Baltimore: No. 3 N. Queen St.; 2 yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Dec 8, 1914
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
2 yrs. 5 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Thomas Jones

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Ella Cook

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Jones

(Address) 3 N. Queen St

15-MAY 10 1917 ROBERT R. KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to May 8 1917, that I saw h alive on May 1 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

I Broncho - Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) yrs. mos. ds.

(Signed) E. Woodward M. D.

May 9, 191.. (Address) 939 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Auburn Cem	May 9, 191..
20-UNDERTAKER	**ADDRESS**
John J. Cowan & Son	901 Hollins St.

Important. Red Ink Signature Required.

D 5159

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5159

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1721 Marylandave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Grason

(Residence in Baltimore: No. 1721 Marylandave St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col.	Mid

6-DATE OF BIRTH, ... May 1, 1 .....
(Month) (Day) (Year)

7-AGE. Over 1 year Either 49 yrs. 5 mos. 9 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster worker
(b) General nature of industry, business, or establishment in which employed (or employer): 049

9-BIRTHPLACE, (State or Country), Baltimd

PARENTS.

10-NAME OF FATHER, James Grason

11-BIRTHPLACE OF FATHER (State or Country), Balt city

12-MAIDEN NAME OF MOTHER Susia Green

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Green

(Address) 1721 Marylandave

15- Filed MAY 10 1917 191 ROBERT R. KRAUTER Registrar.

Burial Permit C1814

CAUSE OF DEATH to be plainly written, and all questions answered if possible. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Was dead May 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia — Drowning

Convulsions Duration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. Pate (Coroner.) M. D.

May 10, 1917. (Address) 163 E Bay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	May 11, 1917.

20-UNDERTAKER	ADDRESS
Geo H Hooper	609 Little Paca St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155 D 5160

D 5160

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Square Hospital ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Munter Jr.

(Residence in Baltimore: No. 1533 Edmondson Ave St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 18, 1888
(Month) (Day) (Year)

7-AGE, 29 yrs. 1 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Electrical Engineer
(b) General nature of industry, business, or establishment in which employed (or employer). Engineer

9-BIRTHPLACE, (State or Country), Cuba

PARENTS.

10-NAME OF FATHER, Bernard Munter Sr.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna L. Benois

13-BIRTHPLACE OF MOTHER (State or Country), Cuba

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard Munter Jr

(Address) 1533 Edmondson Ave

15- Filed MAY 10 1917, 191 ROBERT R. KRAUTER Registrar.
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bichloride Mercury Poison
Self administered with
Suicidal intent
(Duration) yrs. 1 mos. 2 ds.
CONTRIBUTORY (Secondary) Acute Nephritis
(Duration) yrs. mos. One ds.

(Signed) James M Fenton M. D.
(Coroner.)
May 9 1917. (Address) 700 Cleveland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death..... yrs. ..... mos. 2 ds. In the State 29 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? 1533 Edmondson Ave
Former or usual residence 1533 Edmondson Ave

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, May 12 1917

20-UNDERTAKER Wm J Pickerson Son ADDRESS North Ave

CAUSE OF DEATH to be plainly written. Ditto marks not important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5161

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5161

CERTIFICATE OF DEATH.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Cleveland St.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Mrs Hammerbacker

(Residence in Baltimore: No. 1205 Cleveland St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX.	4—COLOR OR RACE,	5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6—DATE OF BIRTH, ... May (Month) 18 (Day), 1871 (Year)

7—AGE, 46 yrs. 11 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work, Ice dealer
(b) General nature of industry, business, or establishment in which employed (or employer), Ice

9—BIRTHPLACE, (State or Country), City

PARENTS.

10—NAME OF FATHER, Unknown

11—BIRTHPLACE OF FATHER (State or Country), Unknown

12—MAIDEN NAME OF MOTHER Unknown

13—BIRTHPLACE OF MOTHER (State or Country), Unknown

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Hammerbacker

(Address) 1205 Cleveland St

15— MAY 10 1917 ROBERT E. KRAUTER Burial Permit Clerk

Filed ..... 191... Registrar.

Important. See that this is filled out correctly.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, ... May 4 (Month) (Day), 1917 (Year)

17— I HEREBY CERTIFY, That I attended deceased from Dec 2 1916, to May 4 1917, that I saw h.. alive on May 4 1917, and that death occurred, on the date stated above, at 4.15 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) .....

....., 191... (Address) ..... M. D.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL, Western Cem — DATE OF BURIAL, May 6, 1917

20—UNDERTAKER A. L. Wolfe & Son — ADDRESS Pennsylvania Ave

D 5162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

160 D 5162

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 809 Appleton ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Bergen

(Residence in Baltimore: No. 809 Appleton St ...St.; yrs. Life mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	white	Single

6-DATE OF BIRTH. Aug 13, 1853 (Month) (Day) (Year)

7-AGE. 33 yrs. 8 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. Michael Bergen

11-BIRTHPLACE OF FATHER (State or Country). Europe.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Europe.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Bergen

(Address) 809 N. Appleton St

15-

Filed ..... 191. ROBERT E. KRAUTH Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Incised wound
Suicide
Cut throat with razor (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) ...yrs. ...mos. ...ds.

(Signed) F. E. Emmert M. D. (Coroner)

5/9, 1917. (Address) 910 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Chevra Shalom Cem	May 11, 1917
20-UNDERTAKER	ADDRESS
Jahrens & Co	1611 Madison

Cause of death important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5163

CERTIFICATE OF DEATH.

64 ✓ D 5163

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Wagon alley ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Parker

(Residence in Baltimore: No. 1007 Wagon alley St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ..., 1874
(Month) (Day) (Year)

7-AGE, 43 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): 541

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Porter

(Address) 1007 Wagon alley

15-

Filed ....., 191.... ROBERT P. KRAUTH
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1917, to May 8 1917, that I saw her alive on May 8 1917, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

acute kidney trouble
Dead (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(Duration) ....yrs. ....mos. 2 ds.

(Signed) D. E. Hennessy M. D.

May 9, 1917. (Address) 708 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 11, 1917
20-UNDERTAKER Brown & Sullivan	ADDRESS 1040 Lexington St.

Important. See instructions on back.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5161

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5161

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. St. Elizabeth's Home St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Sullivan

(Residence in Baltimore: No. St. Elizabeth's Home, St. Paul St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... Dec. (Month) ..... 23 (Day) ..., 1913 (Year)

7-AGE,	If LESS than 1 day,
4 yrs. 4 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James Sullivan

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Stella Louis

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Mother Imanuel Catholic

(Address) St. Elizabeth Home

15-

Filed MAY 10 1917 191.....

HARRY C. ANDREWS
Special Permit Clerk
Registrar.

Important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) ..... 9 (Day) ..., 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29, 1917, to May 8, 1917, that I saw him alive on May 5, 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

..... Acute Lobar Pneumonia .....

.....

..... (Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edgar B. Friedenwald M. D.

May 10, 1917. (Address) 1616 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 10 mos. 29 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted if not at place of death? St Elizabeths Home

Former or usual residence St Elizabeths Home

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemy	May 11th, 1917.

20-UNDERTAKER	ADDRESS
George H. Hollings	1631 W. Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5165

CERTIFICATE OF DEATH.

152

D 5165

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 Riverside Ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Walter & Elizabeth Fitzgerald

(Residence in Baltimore: No. 1431 Riverside Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 9 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Walter Fitzgerald

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Elizabeth Myers

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Water Fitzgerald

(Address) 1431 Riverside Ave

15- Filed MAY 10 1917 191.... HARRY C. ANDREW, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1917, to May 9 1917, that I saw h.. alive on May 9 1917, and that death occurred, on the date stated above, at 11P m.

The CAUSE OF DEATH* was as follows:

Premature separation of placenta

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Haemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Sidney H Stretch M. D.

May 10 1917 (Address) 1431 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery

DATE OF BURIAL, May 11, 1917.

20-UNDERTAKER E. J. Manning Ave 1460

ADDRESS Battery Ave

Important. See instructions on back.

D 5166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 D 5166

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hahnemann Hosp ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma L. Myers

(Residence in Baltimore: No. 1027 N. Stricker St St.; yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Widow

6-DATE OF BIRTH, Oct 3, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. 7 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic 63
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jno Evans

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Jane Hemler

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Myers

(Address) 1027 N. Stricker St

15- MAY 10 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial injuries

caused by an accidental fall through a transom

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. Edw. Smith M. D. (Coroner)

5/8, 191 7 (Address) 910 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, May 11 1917

20-UNDERTAKER John C. Whitehill ADDRESS Balto. Md.

important. See instructions on back of certificate.

D 5167

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 5167

REGISTERED NO. C [redacted]

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1730 E Chase St ST.; 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva M Reinhard

(Residence in Baltimore: No. 1730 E Chase St.; 3 yrs. 4 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec 13 (Month), 13 (Day), 1913 (Year)

7-AGE: 3 yrs. 4 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. md.

PARENTS

10-NAME OF FATHER: Henery Reinhard

11-BIRTHPLACE OF FATHER (State or country): Balto. md.

12-MAIDEN NAME OF MOTHER: Anna Albert

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry F. Reinhard

(Address) 1730 E Chase St

15. MAY 10 1917 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 9 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1917, to May 9, 1917, that I saw h[illegible] alive on May 8, 1917, and that death occurred, on the date stated above, at 10.15 a.m.

The CAUSE OF DEATH* was as follows:

Double Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Severe Cold.

(Duration) ..... yrs. ..... mos. 15 ds.

(Signed), E. L. Peterson M. D.

May 7, 1917. (Address) York Rd. Govans.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: May 11, 191...

20-UNDERTAKER: Lewis Heeman — ADDRESS: 22 S Broadway

State CAUSE OF DEATH in plain terms. So that it may be properly classified, is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mileland Keller

(Residence in Baltimore: No. 701 E. Biddle St St.; ..... yrs., 6 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Aug 1, 1890 (Month) (Day) (Year)

7-AGE 26 yrs. 9 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) ..... B & O R R

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John D Keller

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Knox

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs A Clark

(Address) 707 E Biddle St

15- Filed MAY 10 1917, 191.....

HARRY J. ANGELL, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1917, to May 10 1917, that I saw him alive on May 10 1917 and that death occurred, on the date stated above, at 5:10 p. m.

The CAUSE OF DEATH* was as follows:

Uremic Convulsions

.....

.....

.....

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Pregnancy 8 months

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) M. Johnson M. D.

5-10, 1917 (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 701 E. Biddle St

Former or usual residence 701 E. Biddle St

19-PLACE OF BURIAL OR REMOVAL, Rockville Md. DATE OF BURIAL, May 11, 1917

20-UNDERTAKER A S Marshall ADDRESS 2539 Fall Rd

D 5169

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

D 5169

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2302 Dillet ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephani Madej

(Residence in Baltimore: No. 2302 Dillet St. St.; yrs. Sept mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 27, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, John Madej

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Julia Kosela

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Madej

(Address) 2302 Dillet St.

15-

Filed MAY 10 1917 191.... HARRY C. ANDREWS, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thomas Ryan Coroner M. D.

5/9, 1917 (Address) 1610 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus	May 11, 1917.
20-UNDERTAKER M. F. Sadowski.	ADDRESS 705 S. Ann St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 Glen Edward Ave ST.; 17 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Esposito

(Residence in Baltimore: No. 422 Glen Edward Ave St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 7 (Day), 1916. (Year)

7-AGE, ...yrs. 10 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Joseph Esposito

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Delia Gioeley

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas Esposito

(Address) 422 Glen Edward Ave

15- Filed MAY 10 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to May 9 1917, that I saw h.is alive on May 9 1917, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) ...yrs. ...mos. 15 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ...yrs. ...mos. 8 ds.

(Signed) Wm. L. Kellenstein M. D.

May 10, 1917. (Address) 1038 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Vincent Home | DATE OF BURIAL, May 11, 1917

20-UNDERTAKER A Marshall 3539 | ADDRESS Falls Rd

D 5171

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 5171

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 Roberts ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Cooley

(Residence in Baltimore: No. 434 Roberts St.; 44 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	Colored	Married

6-DATE OF BIRTH ..... (Month) ..... (Day), 1869 (Year)

7-AGE 48 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER John Fant

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Sarah Goode

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Cooley

(Address) 434 Roberts St.

15- Filed MAY 11 1917, 191 ROBERT B. KRAUTH Registrar

Burial Permit Issued

TION is very important. See instructions on back

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 9, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24, 1917, to, May 9 1917, that I saw h.. alive on 11 7 1917, and that death occurred, on the date stated above, at 4.10 P m.

The CAUSE OF DEATH* was as follows:

Paralysis or Hemorrhage of Brain

(Duration) ..... yrs ..... mos. 14 ds.

Contributory (SECONDARY) —

(Duration) ..... yrs ..... mos. ..... ds.

(Signed), A. C. Heaver M. D.

May 10, 1917. [Address] 1600 E Balto St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cem DATE OF BURIAL May 11, 1917

20-UNDERTAKER Samuel Lewis ADDRESS 5 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 5172

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5172

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 S. Lakewood, ST.; 1st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Jubb.

(Residence in Baltimore: No. 811 S Lakewood Av, St.; 12 yrs., — mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May 1st, 1905. (Month) (Day) (Year)

7-AGE, 12 yrs. — mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, James T. Jubb

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Mary A Zimmer

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James T. Jubb

(Address) 811 S Lakewood Av

15-

Filed MAY 11 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1917, to May 8 1917, that I saw h[er] alive on May 3 1917, and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Heart Disease
(Chronic Myocarditis)

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. A. Bondreau M. D.

May 8, 1917. (Address) 5 S. Patterson Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, May 11, 1917.

20-UNDERTAKER Lilly + Zeiler — ADDRESS 403 S. Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5173

CERTIFICATE OF DEATH.

40 D 5173

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 E. Pratt ST.; 2 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Lepper.

(Residence in Baltimore: No. 1824 E. Pratt St.; 30 yrs., 11 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 4 (Month) (Day), 1886 (Year)

7-AGE, 30 yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 031

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John D. McDonald

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Christina Trautfetter

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Lepper

(Address) 1824 E. Pratt St.

15-

Filed MAY 11 1917, 191.... ROBERT R. KRAUTER

Burial Permit Registered

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7th 1917, to May 10th 191..., that I saw h[illegible] alive on May 9th 1917, and that death occurred, on the date stated above, at 2.45 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Mesenteric (Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Emmett Duncan M. D.

May 10, 1917. (Address) 1900 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, May 13, 1917.

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5171

CERTIFICATE OF DEATH.

D 5171

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3014 O. Donnell St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Eawley.

(Residence in Baltimore: No. 3014 O Donnell St.; 3 yrs. 4 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 16 (Month) (Day), 1913 (Year)

7-AGE, 3 yrs. 4 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Michael P. Eawley

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Nellie Mc Eawley

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael P. Eawley

(Address) 3014 O. Donnell St

15-

Filed MAY 11 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 191 7, to May 10 191 7, that I saw h[illegible] alive on May 9a 191 7, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) ....yrs....mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) ....yrs....mos. 1 ds.

(Signed) M. J. Mealey M. D.

Mayo, 191 7 (Address) 839 S. Ellwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, May 11, 191 7.

20-UNDERTAKER Lilly & Geier ADDRESS 403 S. Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

D 5175

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 5175

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3448 Roland Ave ST.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Disher

(Residence in Baltimore: No. 3448 Roland Ave St.; 25 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, ... Feb. (Month) 24 (Day) , 1876 (Year)

7-AGE, 41 yrs. 2 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House wife
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Home work

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Laura H. Roberts

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ruth E. Cary

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest M. Disher

(Address) 3448 Roland Ave

15-

Filed MAY 11 1917, 191.....

ROBERT R. REAR
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 191 7, to May 8 191 7, that I saw h.. alive on May 7 & 9 191 ..., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) L. A. Gordon M. D.

May 10, 191 7. (Address) 112 W. 25 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, ..., 191...
Hollywood Cem.	5/13
20-UNDERTAKER	ADDRESS
Edmondson & Son.	3617 Eastern

Spec.—8-24-14—M. & T.—2000 Blks.

D 5176 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5176

CERTIFICATE OF DEATH

1-PLACE OF DEATH U. S. Marine Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. U. S. Marine Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME L. Fields

(Residence in Baltimore: No. U. S. Marine Hospital St.; yrs., mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January, 1894
(Month) (Day) (Year)

7-AGE, 23 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Hospital records
(Address)

15- MAY 11 1917 ROBERT B. KRAUTER, Registrar.
Filed, 191

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1917, to May 10 1917, that I saw him alive on May 10 1917, and that death occurred, on the date stated above, at 2.20 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary) Asthema

(Duration) yrs. mos. 3 ds.

(Signed) Chas. W. Vogel M. D.

May 10, 1917. (Address) U. S. M. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence Not known

19-PLACE OF BURIAL OR REMOVAL, Druid Hill Cem. DATE OF BURIAL, 5-11, 1917

20-UNDERTAKER Edmondson ADDRESS 517 Eastern Ave

D 5177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 5177

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 530 N Bond ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mendel Newhouse

(Residence in Baltimore: No. 530 N Bond St

St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH.

....., 1845
(Month) (Day) (Year)

7-AGE, 67 yrs. mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Benjamin Smith

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin Newhouse

(Address) 921 N. Bond St

15-

Filed MAY 11 1917, 191.....

ROBERT B. KRAUTER
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Henry Ryan Physician M. D.
(Coroner.)

May 11, 1917 (Address) 1610 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, 5/11, 1917

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Balto

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Domyonaites

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5178

CERTIFICATE OF DEATH.

40 D 5178

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2585 N Baltimore ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Danigonaitien

(Residence in Baltimore: No. 2585 N Baltimore St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1871 (Year)

7-AGE.	If LESS than 1 day.
46 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 051

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Peter Dhulaitis

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Klemaiciah

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kable

(Address) 2585 N Baltimore

15- MAY 11 1917

Filed ....., 191.. ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to May 9 1917, that I saw h[er] alive on May 9 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Months

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Martin A Cox M. D.

5-10, 191.. (Address) Garrison & Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	....., 191..
20-UNDERTAKER	**ADDRESS**
John Grabliauckas	125 S Paca St

Spec.—5-19-13—M. & T.—500 Bks.

D 5179

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5179

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3940 Park Heights ST. 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clementine Markey

(Residence in Baltimore: No. 3940 Park Heights ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 80 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, do not know

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER do not know

13-BIRTHPLACE OF MOTHER (State or Country), do not know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm N. Markey

(Address) 3940 Park Heights ave.

15- MAY 11 1917 ROBERT R. KRAUTER

Filed ....., 191.. Registrar.

Burial Permit Co.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1916, to May 9 1917, that I saw her alive on May 8 - 1917, and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Uraemia Coma

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) James S. Ashurst M. D.

May 9 1917. (Address) 4012 Park Heights ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, May 11, 1917.

20-UNDERTAKER J. Edward Davis

ADDRESS 614 Light St

D 5180

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5180

CERTIFICATE OF DEATH.

64 D 5180

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1316 Arsquith St.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary T Sweeting

(Residence in Baltimore: No. 1316 Arsquith St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Married

6-DATE OF BIRTH: July (Month) 9 (Day), 1867 (Year)

7-AGE: 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Thos. Davison

11-BIRTHPLACE OF FATHER (State or Country): Pennsylvania

12-MAIDEN NAME OF MOTHER: Dont know

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas B Sweeting

(Address) 1316 Arsquith

15- [illegible] ROBERT B. KRAUTER

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9 1917 (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) M. D.

May 10 1917, 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Dallo Cemetery — DATE OF BURIAL: May 12, 1917

20-UNDERTAKER: Williams Cook — ADDRESS: 530 E N th

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5181

CERTIFICATE OF DEATH.

D 5181

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 W. Saratoga St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Wiegand.

(Residence in Baltimore: No. 524 W Saratoga St St.; 56 yrs., 7 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, September 17th, 1860.
(Month) (Day) (Year)

7-AGE, 56 yrs. 7 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Motorman
(b) General nature of industry, business, or establishment in which employed (or employer): United Railways

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Geo P Wiegand.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna F. Seewald

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Alice M. Wiegand

(Address) 524 W. Saratoga St.

15- ROBERT R. KRAUTER

MAY 11 1917

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to May 10 1917, that I saw h..... alive on ..... 191..., and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis complicated by Dropsy —

(Duration) several mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Vincent J. Todd M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, May 14, 1917.

20-UNDERTAKER John J. Canavan Son ADDRESS 901 Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5182 — 24 D 5182

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's House ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Francis Gibson

(Residence in Baltimore: No. St. Elizabeth's House, St Paul St.: 5 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	

6-DATE OF BIRTH. ..... May (Month) 13 (Day), 1911 (Year)

7-AGE, 5 yrs. 11 mos. 27 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William Pierce

11-BIRTHPLACE OF FATHER (State or Country), New Orleans

12-MAIDEN NAME OF MOTHER Sadie Gibson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- ROBERT R. KRAUTER

Filed MAY 11 1917 191. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2, 1917, to May 8, 1917, that I saw him alive on May 8, 1917, and that death occurred, on the date stated above, at 7.15 a.m.

The CAUSE OF DEATH* was as follows:

.....Acute Miliary Tuberculosis

..... (Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary)

..... (Duration)...yrs...mos...ds.

(Signed) Edward Stine Dennrald M. D.

May 14, 1917 (Address) 1616 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 5 yrs. 2 mos. ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.

D 5183

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 D 5183

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 402 Burgundy Alley ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sterling Brown

(Residence in Baltimore: No. 402 Burgundy Alley St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, October 2, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 7 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment In which employed (or employer)..... 400

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Samuel Brown

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lillian Adams

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Brown

(Address) 402 Burgundy Alley

15- ROBERT B. KRAUTER Registrar.

Filed MAY 11 1917, 191.. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Albert S. Lovejoy M. D.
(Coroner.)

May 10, 1917. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND, MAY 11 1917
Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5184 D 5184

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1289 Wilkens St., 22d WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Mr & Mrs John Cuba

(Residence in Baltimore: No. 1289 Wilkens St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May 9 (Month) 1 (Day) 1917 (Year)

7-AGE, ...yrs. ....mos. 1 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....None....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Cuba

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eva Stewart

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eva Cuba

(Address) 1289 Wilkens St.

15- Filed MAY 11 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 191 7, to May 10 191 7, that I saw h.. alive on May 10 191 7, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ....yrs. ....mos. 1 ds.

(Signed) R. R. Caudle M. D.

May 10, 191 7 (Address) 1674 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Department of Public Health.

D 5185 HEALTH DEPARTMENT--CITY OF BALTIMORE 154 D 5185

CERTIFICATE OF DEATH

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1226 W. Lanvale St.; 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dessie Barton Allen

Residence in Baltimore: No. 1226 W. Lanvale St.; 71 yrs. 3 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: February 27, 1846 (Month) (Day) (Year)

7-AGE: 71 yrs. 3 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: John T. Barton

11-BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Susie Arlow

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Hattie B. Allen

(Address) 1226 W. Lanvale St.

15 ROBERT R. KAUFFMAN Burial Permit Clerk

Filed MAY 11 1917, 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 8, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 191 7, to May 8 191 7, that I saw her alive on May 8, 191 7, and that death occurred, on the date stated above, at 3.15 p.m.

The CAUSE OF DEATH* was as follows:

Uremic Intoxication

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Auto injuries

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) O. O. Thuse M. D.

May 9, 191 7 (Address) 1039 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount Cem. DATE OF BURIAL: May 11, 191 7

20-UNDERTAKER: Joseph B. Cook ADDRESS: 1003 W. Balto.

State CAUSE OF DEATH in plain terms, so that it may be readily understood by a layman. See instructions on back of certificate. It is very important.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5186

CERTIFICATE OF DEATH.

79 D 5186

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 1409 Druid Hill Ave St., 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie [redacted] Jones

(Residence in Baltimore: No. 1409 Druid Hill Av St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, unknown ....., 1897
(Month) (Day) (Year)

7-AGE, 80 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer)..... retired

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Gibbs

(Address) 1409 Druid Hill Ave

15-

Filed MAY 11 1917 191. ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May — 9 —, 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 15 1917 to May 8 1917 that I saw h[illegible] alive on May 8 1917, and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 2 yrs. — mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) S. T. Hughes M. D.

May 10 1917 (Address) 1413 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem. DATE OF BURIAL, May 12 1917

20-UNDERTAKER Geo H Holland ADDRESS 1631 Druid Hill Ave

D 5187

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

29

D 5187

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 507 n Edn ST. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Cooper

(Residence in Baltimore: No. 507 n Edn St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1847 (Year)

7-AGE: 70 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): md

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mattie C. White

(Address) 507 n Eden St

15.

Filed MAY 11 1917 ROBERT B. KRAUTER

Burial Permit Issued

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 9 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1917, to May 9 1917, that I saw h.. alive on May 8, 1917, and that death occurred, on the date stated above, at 4 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Indefinite (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) old age & Heart failure

Indefinite (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Edward Fisher M. D.

May 9, 1917. (Address) 1612 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: May 11th 1917

20-UNDERTAKER: Chas G Bailey — ADDRESS: 1127 Jefferson St

State CAUSE OF DEATH in plain terms, so that it is very important. See instructions on back of certificate.

D 5188

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 5188

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1448 Block . St.: 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Merrill

(Residence in Baltimore: No. 1448 Block St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 56 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Driver for J.J.

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos Merrill

(Address) 1448 Block St

15 MAY 11 1917 Filed ....., 19.. ROBERT R. KRAUTER REGISTRAR

Burial Permit Grant

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 10, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1917, to May 10 1917, that I saw him alive on May 10, 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Fatty Degeneration of Heart

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Fat accumulation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. A. Hawkins M. D.

May 11, 1917 (Address) 1202 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Cemetery — DATE OF BURIAL: May 13, 1917

20-UNDERTAKER: L. A. Brohn — ADDRESS: N Stricker

State CAUSE OF DEATH in plain terms, so that it may be understood. It is very important. See instructions on back of certificate.

D 5189

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 5189

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 108 E Hughes St. 72 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Francell Liebel

(Residence in Baltimore: No. 108 E Hughes Street — yrs — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	widowed

6 DATE OF BIRTH Oct 12, 1839 (Month) (Day) (Year)

7 AGE 77 yrs. 6 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Germany

PARENTS

10 NAME OF FATHER — Herrman.

11 BIRTHPLACE OF FATHER (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (State or country) Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Bentz.

(Address) 108 E. Hughes St

15 MAY 11 1917 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 10 th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 4 th, 1917, to May 10 1917, that I saw her alive on May 10 th, 1917, and that death occurred, on the date stated above, at 830 P m.

The CAUSE OF DEATH* was as follows:

Pneumania Lobar

..... (Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Tuberculosis Pulmonary

..... (Duration) Ans. ..... mos. ..... ds.

(Signed) C. Ken Williams M. D.

5-10-1917 (Address) 921 Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Western Cem — DATE OF BURIAL May 13 1917

20 UNDERTAKER Wm Cook — ADDRESS 502 ½ North Ave.

State CAUSE OF DEATH in plain terms. No abbreviations or initials are to be used. Every certificate is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5190

CERTIFICATE OF DEATH.

28 D 5190

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 N Potomac ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Hudson

(Residence in Baltimore: No. 523 N Potomac St.; 41 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Nov. 5, 1870
(Month) (Day) (Year)

7-AGE, 46 yrs. 6 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Bohemia

PARENTS.

10-NAME OF FATHER, John Krenina

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Josepha Kales

13-BIRTHPLACE OF MOTHER (State or Country). Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hudson

(Address) 523 N Potomac St.

15- MAY 11 1917

Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to May 11 1917, that I saw h.. alive on May 10 1917, and that death occurred, on the date stated above, at 10 45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Laryngeal tuberculosis

..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) F. H. Reuscher M. D.

May 11, 191.. (Address) 604 N. Potteram Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	May 14, 191..
20-UNDERTAKER	**ADDRESS**
Frank Cranston	1906 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

D 5191

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5191

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor Morris

(Residence in Baltimore: No. 1717 W. Lafayette ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 12, 1899 (Month) (Day) (Year)

7-AGE, 17 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R. R.

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, William Wallace Morris

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER, Gertrude Tarbolin

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Fortling

(Address) 1717 W. Lafayette ave

15- Filed MAY 12 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8, 1917, to May 10 1917, that I saw h[illegible] alive on May 10 1917, and that death occurred, on the date stated above, at 7.40 A m.

The CAUSE OF DEATH* was as follows:

Toxic Collaps Goitre

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) 4 yrs. mos. 2/24 ds.

(Signed) Ward J. Fleming M. D.

May 10, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at residence

Former or usual residence 1717 W. Lafayette Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, May 13, 1917

20-UNDERTAKER Geo. Weber & Son | ADDRESS 2503 Edmonson

Spec.—5-19-13—M. & T.—500 Bks.

D 5192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 5192

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Hope ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Dempsey

(Residence in Baltimore: No. 1703 Hope St.: ....yrs., 4 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 12, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 28 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Peter J. Dempsey

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Catherine Sherden

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin B. Fenby

(Address) 1223 N. Caroline St.

15- MAY 12 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7, 1917, to May 10, 1917, that I saw him alive on May 9, 1917, and that death occurred, on the date stated above, at 12.45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edwin B. Fenby, M. D.

May 11, 1917. (Address) 1223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, May 11, 191.7

20-UNDERTAKER George J. Rueth

ADDRESS 1735 Hanford Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5193

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5193

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.: 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stewart D. Allen

(Residence in Baltimore: No. 1811 N. Eutaw St St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	Single

6-DATE OF BIRTH, April 26, 1894
(Month) (Day) (Year)

7-AGE, 23 yrs. 0 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... Hosp

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas. R. Allen

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Genevieve Woods.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp

15-

Filed MAY 12 1917, 191... HARRY C. ANDREWS Clerk
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 24 1917, to May 9 1917, that I saw h[illegible] alive on May 9 1917, and that death occurred, on the date stated above, at 1.05 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) 15 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(Duration) ... yrs. ... mos. 5 ds.

(Signed) C. P. Critchlow M. D.

May 9 191...7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 13 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? L

Former or usual residence 1811 N. Eutaw St

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cemetery DATE OF BURIAL, May 11, 1917

20-UNDERTAKER George J. Roth ADDRESS 1735 Harford

Spec.—8-24-14—M. & T.—2000 Blks.

D 5191

HEALTH DEPARTMENT—CITY OF BALTIMORE

93

D 5191

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 S Regester ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cathreine P. Utter

(Residence in Baltimore: No. 205 S Regester St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Infant

6-DATE OF BIRTH, August 12, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Robert F Utter

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary M Lyston

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert F. Utter

(Address) 205 S. Regester st.

15- MAY 12 1917 HARRY C. ANDREWS
Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27 1917, to May 10 1917, that I saw her alive on May 10 1917, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Pleurisy with effusion

(Duration) ....yrs. ....mos. 13 ds.

CONTRIBUTORY (Secondary) Cystitis 9 mos.

(Duration) ....yrs. ....mos. ....ds.

(Signed) R. J. Hardy M. D.

May 12, 1917. (Address) 1902 Bank St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	May 12, 1917
20-UNDERTAKER	ADDRESS
Wendell Diffenderffer Son	375 Mon.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5195

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

91 D 5195

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 S Durham ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Weber

(Residence in Baltimore: No. 13 S Durham St.; 3 yrs., 9 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Infant

6-DATE OF BIRTH, August 10, 1913.
(Month) (Day) (Year)

7-AGE, 3 yrs. 9 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Weber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Preidel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Weber

(Address) 13 S. Durham

15-

Filed ..... 191.. HARRY C. ANDREWS
Burial Permit (Seal) Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8 191 7, to May 10 191 7, that I saw h[illegible] alive on May 10 191 7, and that death occurred, on the date stated above, at 8½ a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Blackburn M. D.

May 10, 191 7 (Address) 1 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	May 12, 1917.
20-UNDERTAKER	ADDRESS
Wendell Dypedson	373 Mmm

Spec.—8-24-14—M. & T.—2000 Bks.

D 5196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154

REGISTERED No. C D 5196

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Eastern ave ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Frank Del Pizzo

(Residence in Baltimore: No. 1023 Eastern ave St.; ~ yrs. ~ mos. ~ da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, July (Month) 16 (Day), 1830 (Year)

7-AGE, 86 yrs. 9 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Ingust Del Pizzo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Consecia Del Pizzo

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Del Pizzo

(Address) 1023 Eastern ave

15- MAY 12 1917 BOARD OF HEALTH

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1917, to May 9 1917, that I saw h l alive on May 9 1917, and that death occurred, on the date stated above, at 1.15 p m.

The CAUSE OF DEATH* was as follows:

Senile Debility

Ailing for one mth

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) None

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Valentine M. D.

May 12, 1917 (Address) 1 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St Vincent	May 12, 1917
20-UNDERTAKER	ADDRESS
Wendell Jefferson	378 Penn

Spec.—5-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5197 D 5197

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor 79 REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 16 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Schmaig

(Residence in Baltimore: No. — St.; 72 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid.

6-DATE OF BIRTH, ... Feb'y (Month), 12th (Day), 1845 (Year)

7-AGE, 72 yrs. ..... mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Schmaig

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary Woltels

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed MAY 12 1917, 191... HARRY C. ANDREWS Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month), 10th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Prior to ....., 191..., to ....., 191...,
that I saw h im alive on May 9 191 7,
and that death occurred, on the date stated above, at 1 20 a. m.
The CAUSE OF DEATH* was as follows:

.....
Valvular Disease of heart
Influenza (Duration) .....yrs. .....mos. .....ds.
CONTRIBUTORY (Secondary) do
..... (Duration) .....yrs. .....mos. .....ds.
(Signed) J. A. Watzen M. D.
May 10 191 7 (Address) 1132 Valley st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 1 yrs. 9 mos. ds. In the State 67 yrs. mos. ds.
Where was disease contracted, if not at place of death? -
Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Ft Alphonsus — DATE OF BURIAL, May 14, 191 7

20-UNDERTAKER Capt J Thomsen — ADDRESS 1442 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 5198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 5198

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 E. Biddle ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Lottie Louise Williamson

(Residence in Baltimore: No. 1710 E. Biddle St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Dec 9, 1889 (Month) (Day) (Year)

7-AGE, 27 yrs. 5 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home 037

9-BIRTHPLACE, (State or Country), Phila. Pa

PARENTS.

10-NAME OF FATHER, Samuel J. Schaffer

11-BIRTHPLACE OF FATHER (State or Country), Phila. Pa

12-MAIDEN NAME OF MOTHER Annie B. Jenny

13-BIRTHPLACE OF MOTHER (State or Country), Phila Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lottie Williamson

(Address) 819 Somerset St

15-

Filed MAY 12 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 191 7, to May 9 191 7, that I saw h alive on May 9 191 7, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis Mesenteric Thrombosis

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Edward Stevens M. D.

5/10, 191 7. (Address) 405 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, May 12, 1917

20-UNDERTAKER Robt Turner ADDRESS 1422 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 5199 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓D 5199

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 419 N. Wolfe ST.; 6 WARD) 39 REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Strehm

(Residence in Baltimore: No. 419 N Wolfe St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, July (Month) 11 (Day), 1841 (Year)

7-AGE, 75 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Glove Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 640

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Louise Strehm

(Address) 419 N Wolfe

15- Filed MAY 12 1917, 191... HARRY C. ANDREWS Deputy Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-19 1917, to 5-10 1917, that I saw h[illegible] alive on 5-9 1917, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma L Mouth & Jaw, (Clinical)

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion from senility

(Duration) yrs. mos. 7 ds.

(Signed) Edward Cook M. D.

5/10, 1917 (Address) 413 N Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Co. DATE OF BURIAL, May 12 1917

20-UNDERTAKER Robt Turner ADDRESS 1422 Broadway

D 5200

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

D 5200

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 919 N. Carey St. 16 ST. ..... WARD)

2-FULL NAME Wm. T. Ruckle

(Residence in Baltimore: No. 919 N. Carey St. St. Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: August 4 (Month) (Day), 1874 (Year)

7-AGE: 42 yrs. 9 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Stone Cutter

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Wm. T. Ruckle

11-BIRTHPLACE OF FATHER (State or country): Balto

12-MAIDEN NAME OF MOTHER: Mary Sieelberg

13-BIRTHPLACE OF MOTHER (State or country): Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Ludwig

(Address) 919 N. Carey St.

15- MAY 12 1917 Filed ....., 191.....

HENRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 11 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan ....., 1917, to, May 11 1917, that I saw h— alive on May 11, 1917, and that death occurred, on the date stated above, at 10.9 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Abraham Ravenel M. D.

May 14, 1917 (Address) 1928 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Pk — DATE OF BURIAL: May 14, 1917

20-UNDERTAKER: Wm. Cook — ADDRESS: 502 E. North Ave

state CAUSE OF DEATH in plain terms. The exact cause of death is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—3000 Blks.

D 5201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

D 5201

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Mura ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Koplan

(Residence in Baltimore: No. 2108 Mura St.; ....yrs., 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, April (Month) 3 (Day), 1917 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 mos. 7 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Emma Kaplan

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Koplan

(Address) 2108 Mura St.

15- MAY 12 1917 Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1917, to May 10 1917, that I saw h.e.r alive on May 10 1917, and that death occurred, on the date stated above, at 11.10 A.M.

The CAUSE OF DEATH* was as follows:

Enteritis Colitis

only 2 days

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Artificial feeding

(Duration).....yrs.....mos.....ds.

(Signed) [illegible] M. D.

May 10th, 1917. (Address) 1018 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	May 12, 1917
20-UNDERTAKER	ADDRESS
Frank Brach & Son	1916 Eastern Ave

D 5202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X137 D 5202

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md. General Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Pitts.

(Residence in Baltimore: No. In Hospital St.; yrs., — mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 28 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of Industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Hunt.

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER, Susan Houston

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs Pitts.

(Address).....

15-

Filed MAY 12 1917 191..... HARRY C. ARMINGER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abortion
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Puerperal Septicaemia
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Smith M. D.
(Coroner.)

May 11, 1917 (Address) 700 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State 4 Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Boonsboro Md

19-PLACE OF BURIAL OR REMOVAL Boonsboro Md | 20-DATE OF BURIAL, May 13, 1917

21-UNDERTAKER H. C. Brooks | ADDRESS Sparks Md

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5203 45 ✓ D 5203

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 E. Montgomery St.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Strauss

(Residence in Baltimore: No. 240 E. Montgomery St.; 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, December 17, 1826
(Month) (Day) (Year)

7-AGE, 90 yrs. 4 mos. 23 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 08

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Leonard Strauss

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. L. Strauss.

(Address) 646 Bismark Av. Walbrook Md.

15- MAY 12 1917 Filed....., 191.... HENRY C. ANDREWS Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1908, to May 10 1917, that I saw him alive on May 10 1917, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Prostate 2½ yrs

General Arteriosclerosis

Mitral Regurgitation Patient 10 yrs.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Comatose.

? (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Geo. L. Strauss Jr. M. D.

May 11, 1917 (Address) 1935 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Loudon Park	May 13 1917
20-UNDERTAKER F. A. Krause	ADDRESS 703 Hanover

D 5204

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 5204

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 3 East Cross St. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Marcellus Hilley

(Residence in Baltimore: No. 3 East Cross St. ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Widower

6 DATE OF BIRTH October 3, 1847 (Month) (Day) (Year)

7 AGE 69 yrs. 7 mos. 7 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Lead Burner

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Marcellus Hilley

11 BIRTHPLACE OF FATHER (State or country): unknown.

12 MAIDEN NAME OF MOTHER: Eutises Hilson.

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amelia Ehong

(Address) 105 E Church St

15. MAY 12 1917, 191 — HARRY C. ANGLEWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 10, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 4, 1917, to May 10 1917, that I saw h[illegible] alive on May 5th, 1917, and that death occurred, on the date stated above, at 7.30 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

unknown (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Endocarditis

unknown (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. D. Boyton M. D.

5/10, 1917 (Address) 306 E Cross St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Salem County	May 12, 1917
20 UNDERTAKER: F. R. Krause	ADDRESS: 703 Hanover

State CAUSE OF DEATH in plain words. [illegible] is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5205

CERTIFICATE OF DEATH.

90 D 5205

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 E. Layfayette ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Tuckey.

(Residence in Baltimore: No. 1606 E. Layfayette St. St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widowed

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 65 Year ....yrs....mos....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer) Work

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Quail

(Address) 1606 E. Layfatte st

15- MAY 12 1917 ROBERT R. KRAUTER

Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1917, to May 10 1917, that I saw h[illegible] alive on May 10 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows: Chronic Bronchitis

.....

.....

..... (Duration) 1 yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ....yrs.....mos.....ds.

(Signed) [illegible] M. D.

May 11, 1917. (Address) 1531 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, May 14 191 7

20-UNDERTAKER George J. Ruth — ADDRESS 735 Hanover Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+28 D 5206

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Matthews

(Residence in Baltimore: No. Franklin Square Hospital St.; 1 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, May 10, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: nor
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE, (State or Country) Crowdenville Md

PARENTS.

10-NAME OF FATHER, James Matthews

11-BIRTHPLACE OF FATHER (State or Country) Crowdenville Md

12-MAIDEN NAME OF MOTHER Clara Brooks

13-BIRTHPLACE OF MOTHER (State or Country) Crowdenville Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Matthews

(Address) Crowdenville

15- Filed MAY 12 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1917, to May 10th 1917, that I saw h.. alive on May 10 1917, and that death occurred, on the date stated above, at 4-30 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Phthisis

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) H. L. McCammer M. D.

May 12th, 1917. (Address) Franklin Square Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence Catlettsville

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Crowdenville Md	May 13, 1917

20-UNDERTAKER	ADDRESS
Geo. H. Hooper	68 Little Paca

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5207

CERTIFICATE OF DEATH.

28 D 5207

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 E. Lombard ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William R. Covey

(Residence if in Baltimore: No. 616 E. Lombard St.; 45 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July 7th, 1864
(Month) (Day) (Year)

7-AGE, 52 yrs. 10 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lunch Room
(b) General nature of industry, business, or establishment in which employed (or employer)..... Proprietor

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Richard Covey

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lottie V. Covey

(Address) 616 E. Lombard St

15- ROBERT N. KRAUSE

Filed MAY 12 1917, 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 1917, to May 11 1917, that I saw h[im] alive on May 10 1917, and that death occurred, on the date stated above, at 2 45 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Tubercular)

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ..... yrs. 3 ? mos. ..... ds.

(Signed) J. M. Driver M. D.

May 11, 191.7. (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Norfolk Va.	May 12th, 191.7.
20-UNDERTAKER H. Sander & Sons	ADDRESS 1700 Kent St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5208

CERTIFICATE OF DEATH.

28

D 5208

REGISTERED NO. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 3II N Caroline st ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME John Grau

(Residence in Baltimore: No. 3II N Caroline st St.; yrs., 50 mos. 11 ds. 15)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 26 1866, 1
(Month) (Day) (Year)

7-AGE, 50 yrs. II mos. I5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

243

9-BIRTHPLACE, (State or Country), Palto

PARENTS.

10-NAME OF FATHER, William Grau

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia Linderman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Grau

(Address) 3II N Carolime st

15- MAY 12 1917 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May II 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.)
Inquiry find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuburculosis

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Robt L Austin M. D.
(Coroner.)

May II 1917 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 10 yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, May 14 1917

20-UNDERTAKER Philip Herring

ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5209 137 D 5209

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 S. Castle ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victoria A. Weber

(Residence in Baltimore: No. 24 S. Castle ST. St.; 24 yrs., 5 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, December 9, 1892
(Month) (Day) (Year)

7-AGE, 24 yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housewife

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Michael Poffel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Ruthowska

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Adam J. Weber

(Address)..... 24 S. Castle St.

15- Filed MAY 12 1917, 191.... ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1917, to May 10 1917, that I saw h[er] alive on May 10 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Puerperal Sepsis

Peritonitis

(Duration)....yrs....mos. 8 ds.

CONTRIBUTORY (Secondary) Puerperal Peritonitis

(Duration)....yrs....mos. 4 ds.

(Signed) J. M. Delicto M. D.

May 11, 1917. (Address) 621 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, May 13, 1917.

20-UNDERTAKER William Galkowski ADDRESS 1618 Eastern Ave

Spec.—S-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 5210

CERTIFICATE OF DEATH.

81 D 5210

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 941 N. Chester ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella Horstman

Residence in Baltimore: No. 941 N Chester St.; 78 yrs., 6 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, October (Month) 26 (Day) 1838 (Year)

7-AGE,	If LESS than 1 day,
78 yrs. 6 mos. 13 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Charles Horstman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Katherine Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Valentine

(Address) 941 N. Chester St

15- Filed MAY 12 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit 6107

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day) 17 (Year) 191...

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 191 7, to May 8 191 7, that I saw h[er] alive on May 8 191 7, and that death occurred, on the date stated above, at 12 30 M.

The CAUSE OF DEATH* was as follows:

Uremia Sclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Progressive Cardiac Sclerosis

(Duration) yrs. 1 mos. ds.

(Signed) Edward J. Kraft M. D.

May 9, 191 7. (Address) 413 N Wolfe St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	May 12, 1917

20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5211 — 37 — D 5211

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Ella Nutt

(Residence in Baltimore: No. 2102 Etting St.; yrs. mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Apr. 12th (Month) (Day), 1917 (Year)

7-AGE,	If LESS than 1 day,
yrs. mos. 27 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Richard H Nutt

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Carrie Otelia Nutt.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- Filed MAY 12 1917 191 ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7th 1917, to May 9th 1917, that I saw h ed alive on May 9th 1917, and that death occurred, on the date stated above, at 10 30 Am.

The CAUSE OF DEATH* was as follows:

Suetic meningitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary tuberc

(Duration) yrs. mos. 1 ds.

(Signed) L L L Fields M. D.

May 12th 1917. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2102 Etting St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Commissioner Health.

Per. Wm. E. WOOD

UNIVERSITY OF MARYLAND

Spec.—5-19-13—M. & T.—500 Bks.

Leonard Bimmler

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5212

CERTIFICATE OF DEATH.

120

D 5212

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Lemmon ST.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Himmler

(Residence in Baltimore: No. 616 Lemmon st St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mall

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) widower

6-DATE OF BIRTH, June 7, 1848 (Month) (Day) (Year)

7-AGE, 69 yrs. 4 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brightener Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco Factory

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Andreas Himmler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas W Himmler

(Address) 2801 Fremont ave

15-

Filed MAY 12 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1917, to May 11 1917, that I saw h— alive on on May 10 1917, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) ..... yrs. 8 mos. ..... ds.

(Signed) Chas P Davis M. D.

May 12, 1917. (Address) 1201 Gwynns Falls Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 13, 1917

20-UNDERTAKER John O. Mitchell — ADDRESS 1201 W. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5213 — 120 — D 5213

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 N. Dulton St.; 16 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Patterson Shantle

(Residence in Baltimore: No. 1029 N. Dulton Ave St.; ....yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, July 20, (Month) (Day) 1856 (Year)

7-AGE, 60 yrs. 9 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Collector
(b) General nature of industry, business, or establishment in which employed (or employer): Courts Office

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William L. Shantle

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Susan Catherine Shantle

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard L. Shantle

(Address) 108 South Ave

15- Filed MAY 12 1917 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1917, to May 11 1917, that I saw h~~im~~ alive on May 10 1917, and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Chr. interstitial nephritis (Duration) 3 yrs. ....mos. ....ds.

(Signed) Homer L. Todd M. D.

5/11, 191.7 (Address) 735 N. Dulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem — DATE OF BURIAL, May 14, 191.7

20-UNDERTAKER Wm J. Luckett Sons — ADDRESS North Ave

D 5214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 D 5214

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mt Holly Ry Station ST.; 15 WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
2-FULL NAME Gertrude A. Higgins
(Residence in Baltimore: No. 2210 Lyndhurst Ave. St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH. Nov. (Month) 16 (Day), 1913 (Year)

7-AGE. 4 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.
10-NAME OF FATHER. Nathan B. Higgins
11-BIRTHPLACE OF FATHER (State or Country). Pennsylvania
12-MAIDEN NAME OF MOTHER Gertrude Hood
13-BIRTHPLACE OF MOTHER (State or Country). Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Nathan B. Higgins
(Address) 2210 Lyndhurst Ave.

15- MAY 12 1917 ROBERT R. KRAUTH
Filed....., 191.... Registrar.

Burial Form [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Run over by street car
Causing both Internal & External injuries
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Loss of Blood & shock
(Duration) yrs. mos. ds.

(Signed) J. Edw. Smith (Coroner) M. D.
5th, 191.., (Address) 10 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, May 1 19..
20-UNDERTAKER H. Richmond Sons — ADDRESS Monument

Important. See instructions on back of certificate.

(Over)

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5215

CERTIFICATE OF DEATH.

40 D 5215

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1315 Edmondson Ave ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida May Stone

(Residence in Baltimore: No. 1315 Edmondson Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	married

6-DATE OF BIRTH, December 29, 1857
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
59 yrs. 4 mos. 9 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper 037
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Berkley Springs Va

PARENTS.

10-NAME OF FATHER, John H. Carter

11-BIRTHPLACE OF FATHER (State or Country), Carroll County

12-MAIDEN NAME OF MOTHER Maretta Lemon

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alfred J. Ruppersburger

(Address) 1315 Edmondson Ave

15-

Filed MAY 12 1917 ROBERT B. KRAUSE Clerk.
Burial Permit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1917, to May 9 1917, that I saw her alive on May 9 1917, and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Gastritis

(Duration) yrs. 7 or 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. Gustav Dill M. D.

May 10, 1917. (Address) 1433 W Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount	May 12 1917
20-UNDERTAKER	ADDRESS
H. Thomkins	Norman

Spec.—5-19-13—M. & T.—500 Blks. Naomi Briggs

HEALTH DEPARTMENT—CITY OF BALTIMORE 64

D 5216

CERTIFICATE OF DEATH.

D 5216

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2589 W Fayette ST. 20 WARD)

2-FULL NAME Naomi Briggs

(Residence in Baltimore: No. 2589 W Fayette St.: ..... yrs., ... mos. ..... ds.)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... 12 (Month) ..... 25 (Day), 1869 (Year)

7-AGE, 47 yrs. 4 mos. 14 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country), Palo City

PARENTS.

10-NAME OF FATHER, Chas Skillman

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Laura Skillman

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stacy Briggs

(Address) 2589 W Fayette St

15- MAY 12 1917 ROBERT R. KRAUTER

Filed ..... 191. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 5 (Month) ..... 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 3. 26 ..... 1917, to 5 9 1917 that I saw h er alive on 5. 9 1917 and that death occurred, on the date stated above, at 955 a. m.

The CAUSE OF DEATH* was as follows:

..... Myocarditis .....

..... (Duration) ..... Two Weeks

CONTRIBUTORY (Secondary) Paralysis following

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) S. J. Burlington M. D.

5 9, 1917 (Address) 102 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, MOUNT OLIVET. DATE OF BURIAL, MAY 12 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5217

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Bowers

(Residence in Baltimore: No. 1901 Hollins St St.; 70 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, April 21, 1876
(Month) (Day) (Year)

7-AGE, 41 yrs. 1 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): R.R.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George W. Bowers

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Amy Tillman

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bertha Bowers

(Address) 1901 Hollins St

15-
Filed MAY 12 1917 191.... ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9th 1917, to May 10th 1917, that I saw him alive on May 10th 1917, and that death occurred, on the date stated above, at 5-15 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Typhoid Fever

(Duration) yrs. mos. 14 ds.

(Signed) H. L. Hammer M. D.

5-10, 191 7. (Address) Franklin Square Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 1401 Hollins St

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, MAY 1[illegible] 1917

20-UNDERTAKER Geo. A. Gerber

ADDRESS Baltimore, Md.

85

Spec.—5-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5218

CERTIFICATE OF DEATH.

64 D 5218

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Monty Kaufman

(Residence in Baltimore: No. 3423 Park Heights Ave. St.; 21 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married.

6-DATE OF BIRTH, Oct. 25, 1895 (Month) (Day) (Year)

7-AGE, 65 yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Pianist
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Isaac Kaufman

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Miss Wunder

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isadore Kaufman

(Address) 3423 Park Heights Ave

15- ROBERT R. KRAUTER

Filed..... 191 Burial Permit Issued..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 2-27-17 191.., to 4/11/17 191.., that I saw h— alive on 4/11/17 191.., and that death occurred, on the date stated above, at 11 0 m.

The CAUSE OF DEATH* was as follows:

Hypospadias

(Duration).....yrs.....mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(Duration).....yrs. 3 mos.....ds.

(Signed) Frank C. Wagner M. D.

May 11, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 14 ds. In the State yrs. mos. ds. not known

Where was disease contracted, if not at place of death? not known

Former or usual residence 3423 Park Heights Ave

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew Cem. DATE OF BURIAL, May 13, 1917

20-UNDERTAKER David Goudheim ADDRESS 118 W. Mt. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 5219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5219

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Born Alley ST.; 18 WARD) REGISTERED No. C 74

2-FULL NAME Rose Lena Rice

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 811 Born Alley St.; 9 yrs., mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED.~~ (*Write* the word.) married

6-DATE OF BIRTH, Unknown ....., 1850
(Month) (Day) (Year)

7-AGE, 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work) Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)) 037

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Robert Bailey

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Rose Ellen — Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Wiley

(Address) 811 Born alley

15-

Filed MAY 12 1917 191 ROBERT T. KRAUTH Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to May 10 1917, that I saw h-r alive on May 9 1917, and that death occurred, on the date stated above, at 4.05 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular disease of the heart

(Duration) yrs. 6 mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. G. McRae M. D.

May 10, 1917 (Address) 739 George St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Wilson Lancaster Co Pa — DATE OF BURIAL, May 13 1917.

20-UNDERTAKER Charles B. Jones — ADDRESS 130 Pine

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5220

CERTIFICATE OF DEATH.

28 ✓ D 5220

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Druid Ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Scribner

(Residence in Baltimore: No. 1115 Druid Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Wh

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September, 1, (Month) (Day) (Year)

7-AGE, 52 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Stores

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George Scribner

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lizzie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophie Scribner

(Address) 111 S. Sarah ave

15- Filed MAY 12 1917, 191.... ROBERT R. KRAUTHER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1917, to May 9th 1917, that I saw h.. alive on May 9th 1917, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 5 yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A P Hadobutt M. D.

5/9, 1917. (Address) 117 N. Calhoun St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, May 12, 1917.

20-UNDERTAKER Charles B. Jones — ADDRESS 230 Rivera St

Spec.—8-24-14—M. & T.—2000 Bls.

D 5221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 5221

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 629 Mosher ST.: 14 WARD)
REGISTERED NO. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME May Jane Pennington

(Residence in Baltimore: No. 629 Mosher Ave St.: 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: Colored
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: March (Month) 8 (Day), 1874 (Year)

7-AGE: 43 yrs. 1 mos. 2 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General Cont

9-BIRTHPLACE, (State or Country): N. Carolina

PARENTS.
10-NAME OF FATHER: Doc Pennington
11-BIRTHPLACE OF FATHER (State or Country): N. Carolina
12-MAIDEN NAME OF MOTHER: Roxy Wells
13-BIRTHPLACE OF MOTHER (State or Country): N. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mamie Pennington
(Address) 629 Mosher

15-
Filed MAY 12 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1917, to May 10 1917, that I saw h[illegible] alive on May 10 1917, and that death occurred, on the date stated above, at 2:45 P m.

The CAUSE OF DEATH* was as follows:
Acute Lobar Pneumonia
(Duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. R. Young M. D.
5-11, 191.7 (Address) 117 W. Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Pleasant — DATE OF BURIAL: May 13 191.7

20-UNDERTAKER: Sam M. Cave Son — ADDRESS: Hoo Mosher

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5222 64 D 5222

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 E Montgomery ST.; 72 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Hollenberry

(Residence in Baltimore: No. 116 E Montgomery St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Oct 2, 1846
(Month) (Day) (Year)

7-AGE, 70 yrs. 7 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 013

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Elias Hollenberry

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Catharine Happy

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Hollenberry

(Address) 116 E Montgomery

15- Filed MAY 12 1917 191.....

ROBERT R. KRAUTH
Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1915, to May 10 1917, that I saw h~~e~~ alive on May 10 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

(Cerebral Hemorrhage

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Death

(Duration) yrs. mos. 1 ds.

(Signed) R. R. Krauth M. D.

May 11, 1917. (Address) 1 W Mt Royal

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	May 13, 1917.
20-UNDERTAKER	ADDRESS
E. Schumacher & Son	1039 Hanover

D 5223

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5223

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH
CITY OF BALTIMORE (No. St Josephs Hospital ST. 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank T Farnan

Residence in Baltimore: No. II8 E 24th St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
male	white	married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
43 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Detective
(b) General nature of industry, business, or establishment in which employed (or employer)..... Penn R R 686

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Thos F Farnan

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Margaret Applegart

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Frank Farnan

(Address) II8 E 24th st

15- MAY 12 1917 ROBERT R. KRAUTER
Filed ....., 191.....
Burial Permit Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Traumatism hit by R. R. train accident
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J Wm Fowler M. D.
(Coroner.)
May 12 1917 191 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State 43 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 118 E 24th W.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	5/14, 19 17
20-UNDERTAKER Henry W. Meadows	ADDRESS 805 N. Calvert

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5224

CERTIFICATE OF DEATH.

20 D 5224

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1415 Linden Ave. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie D. McElfresh Coan

(Residence in Baltimore: No. 1415 Linden Ave. St.; 26 yrs., 1 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. March 25, 1891 (Month) (Day) (Year)

7-AGE. 26 yrs. 1 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). 600

9-BIRTHPLACE. (State or Country) Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Charles W. McElfresh

11-BIRTHPLACE OF FATHER (State or Country). West Va.

12-MAIDEN NAME OF MOTHER. Annie Aplegarth

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Dr. Chas. W. McElfresh

(Address) 1415 Linden Ave.

15- Filed MAY 12 1917, 191.... ROBERT R. KRAUTHER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) II (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2, 1917, to May II, 1917, that I saw her alive on May II, 1917, and that death occurred, on the date stated above, at 3.15 P.M.

The CAUSE OF DEATH* was as follows:

Septicemia

following

Abscess of Tooth.

(Duration) — yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John R. Abercrombie

May 12, 1917 (Address) 1316 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	5/14, 1917.

20-UNDERTAKER	ADDRESS
Henry W. Maus & Son	10 S. N. Gaylord St.

D 5225

HEALTH DEPARTMENT--CITY OF BALTIMORE

1 PLACE OF DEATH

CERTIFICATE OF DEATH

91 D 5225

CITY OF BALTIMORE (No. 928 Pierce St ST 18 WARD) REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Leroy Johnson

(Residence in Baltimore: No. 928 Pierce St St.; yrs. 6 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Col	Single

6 DATE OF BIRTH Oct 27, 1916 (Month) (Day) (Year)

7 AGE 6 yrs. 14 mos. ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9 BIRTHPLACE (State or country) 928 Pierce St

PARENTS

10 NAME OF FATHER George Johnson

11 BIRTHPLACE OF FATHER (State or country) Balto

12 MAIDEN NAME OF MOTHER Louise Jones

13 BIRTHPLACE OF MOTHER (State or country) N. C. City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louise Johnson

(Address) 928 Pierce St

Filed MAY 13 1917, 191

ROBERT R. KRAUTER Registrar

Burial Permit Given

State CAUSE OF DEATH in the plain English language. Do not use abbreviations or technical terms. Be sure to answer all questions. Use ink. Write plainly. Be very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 11, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1917, to, May 11 1917, that I saw him alive on May 10, 1917, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) Exhaustion (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. J. Power M. D.

May 11, 1917 (Address) 2371 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt Auburn Cem | DATE OF BURIAL May 13 1917

20 UNDERTAKER Charles B Jones | ADDRESS 235 Pine

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3226 — 154 — D 3226

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 140 N Exeter ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Rostovsky

(Residence in Baltimore: No. 140 N. Exeter St.; 70 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1 (Year)

7-AGE, 70 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Ephrian Rostovsky

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Esther Rostovsky

(Address) 140 N Exeter St

15-

Filed MAY 13 1917, 191..... ROBERT B. KRAUTH Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 5 1917, to May 5 1917, that I saw h.. alive on May. 5 1917, and that death occurred, on the date stated above, at 11 30 a. m.

The CAUSE OF DEATH* was as follows:

Senile Pneumonia

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Solomon Lekoff M. D.

5/14, 191.7 (Address) 1116 Division St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 140 N Exeter St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Blair Rd. DATE OF BURIAL, May 13 1917

20-UNDERTAKER A. Levinson & Bro ADDRESS 1107 E Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

D 5227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920 D 5227

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Laurie

(Residence in Baltimore: No. 334 S Patterson Park ave St.; 28 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 41 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)..... 080

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Morris Laurie

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Abraham Goldberg

(Address) 334 S Patterson Park ave

15- MAY 13 1917 ROBERT R. KRAUTER

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29th 1917, to May 11th 1917, that I saw him alive on May 11th 1917, and that death occurred, on the date stated above, at 11-45 Am.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

..... (Duration) ..yrs. ..mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

..... (Duration) ..yrs. 5 mos. ..ds.

(Signed) H. D. Hammer M. D.

May 13, 1917 (Address) Franklin Square Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..yrs. ..mos. 12 ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 334 S Patterson Park ave

19-PLACE OF BURIAL OR REMOVAL, Hebrew Union Cem — DATE OF BURIAL, May 13, 1917

20-UNDERTAKER S. Levinson Bro — ADDRESS 1107 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

B 5228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 B 5228

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Bank st ST.; 23 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Holden

(Residence in Baltimore: No. 923 Bank st St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 46 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pvt Occupation

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Granville Banks

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susan J. Cockburn

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jeremiah Banks

(Address) 1125 Bolton St

15-

Filed MAY 13 1917, 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 191?, to May 11 191?, that I saw h[illegible] alive on May 10 191?, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Robert P. Mussman

(Duration) .....yrs. .....mos. 11 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. 11 ds.

(Signed) Wm. A. Smith M. D.

May 12, 191?. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn St

DATE OF BURIAL, May 13, 1917

20-UNDERTAKER A. L. Brandt Son

ADDRESS 108 N. Montford

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5229

CERTIFICATE OF DEATH.

11 79

D 5229

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1104 N. Charles ST.: ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas. C. Easton

(Residence in Baltimore: No. 1104 N. Charles St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Jan (Month) 10 (Day), 1866 (Year)

7-AGE. 51 yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer)..... 018

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, Jno Easton

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Lenken

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... pr Emily

(Address) ..... 1104 N Charles

15- Filed MAY 13 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit 61074

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Arteriosclerosis heart .....

..... Kidneys .....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ..... Acute Alcoholism .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... (Coroner) ..... M. D.

May 12 1917 (Address) ..... 1637 Ruxton .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 14 1917

20-UNDERTAKER W. L. Jackson & Son — ADDRESS North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5230 — 88 — D 5230

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Janes

(Residence in Baltimore: No. Hancock Md St.; ..... yrs., ... mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May 30, 1868
(Month) (Day) (Year)

7-AGE 48 yrs. 11 mos. 17 ds. — If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Levi McDaniel

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Amanda Edmondson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) Hancock Md

15- ROBERT R. REAUTER
Filed MAY 13 1917 191 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to May 12 1917, that I saw h[illegible] alive on May 12 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar
Hypostatic Congestion

(Duration) 10 days.

CONTRIBUTORY (Secondary) Cardio Vascular
(Duration) yrs. 2 mos. 1 ds.

(Signed) W. E. Reynolds M. D.

May 12 1917. (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 2 ds. In the State 3 yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? Hancock Md

Former or usual residence .... " "

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Hancock Md	May 13, 1917
20-UNDERTAKER Joseph D Cook	ADDRESS 1003 N Bal[illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 5231

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5231

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 755 N. Hamburg ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward M Boudy

(Residence in Baltimore: No. 755 N. Hamburg St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 25 (Day), 1866. (Year)

7-AGE,	If LESS than 1 day,
50 yrs. 11 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Munition Plant

9-BIRTHPLACE, (State or Country), Hancock Md

PARENTS.

10-NAME OF FATHER, James Boudy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Susan Stillwell

13-BIRTHPLACE OF MOTHER (State or Country), Hancock, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. Boudy

(Address) 755 W. Hamburg st.,

15- MAY 13 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11th (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 16 1917, to May 11 1917, that I saw him alive on May 10th 1917, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Chronic

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. L. Nuckals M. D.

May 12 1917. (Address) 338 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	May 14, 1917.
20-UNDERTAKER,	ADDRESS
James Ignand & Son	1000 S. Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5232 — D 5232

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2459 Buchanan St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Little

(Residence in Baltimore: No. 2459 Buchanan St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fe

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ...January...., 1869
(Month) (Day) (Year)

7-AGE, 48 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pd. Occupation.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... John Little

(Address)..... 2459 Buchanan St.

15- MAY 13 1917 Filed....., 191... ROBERT E. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...5.... (Month) ....10.... (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 30 1917, to May 9 1917, that I saw h.. alive on May 9, 1917, and that death occurred, on the date stated above, at 12, m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)..... (Duration) ....yrs. ....mos. ....ds.

(Signed) P. Garland Thomas M. D.

May 11, 1917. (Address) 1534 E. Lan. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, May 13th, 191..

20-UNDERTAKER Chas. L. Bailey — ADDRESS 1711 Division St

Spec.—8-24-14—M. & T.—2000 Bks.

Samuel G. T. Sands

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5203

CERTIFICATE OF DEATH.

64

D 5203

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 N. Calhoun ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Green Taylor Sands

(Residence in Baltimore: No. 907 N. Calhoun St.; 63 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Jan 24, 1839 (Month) (Day) (Year)

7-AGE, 78 yrs. 3 mos. 18 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bookkeeper 008
(b) General nature of industry, business, or establishment in which employed (or employer): Accountant Grocer

9-BIRTHPLACE, (State or Country), Annapolis Md.

PARENTS.

10-NAME OF FATHER, Richard Sands

11-BIRTHPLACE OF FATHER (State or Country), Annapolis Md.

12-MAIDEN NAME OF MOTHER Sarah Henderson

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Myrtle Sands

(Address) 907 N. Calhoun St.

15-

MAY 13 1917

Filed....., 191.....

ROBERT E. KRAUTER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2nd 1917, to May 12 1917, that I saw h[illegible] alive on May 12 1917, and that death occurred, on the date stated above, at 6-55 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) - yrs. - mos. 12 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. M. Carter M. D.

May 13, 1917. (Address) 906 N. Monroe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Annapolis Md. DATE OF BURIAL, May 13, 1917.

20-UNDERTAKER Bill Cook ADDRESS 502 North [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5234

CERTIFICATE OF DEATH.

28 D 5231

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 738 W. Fayette ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Brittingham

Residence in Baltimore: No. 738 W. Fayette St. (30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, March 17, 1884
(Month) (Day) (Year)

7-AGE, 33 yrs. 2 mos. 5 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 03

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Alpona Thomas

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Anna Whitlock

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Camille Brittingham
(Address) 738 W. Fayette St.

15-
Filed MAY 13 1917, 191...
ROBERT R. KRAUTER
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 24 1917, to May 12 1917, that I saw her alive on May 10 1917, and that death occurred, on the date stated above, at 3:20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver Cancer

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) General Debility

(Duration) — yrs. 6 mos. — ds.

(Signed) Theodore Cole M. D.

MAY 12 1917 191... (Address) 1217 Harlem Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
London Pk	May 15..., 191.7
20-UNDERTAKER Williams Cook	ADDRESS 50 N. North Ave.

H Cole 1207 Gorsuch Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5235

CERTIFICATE OF DEATH.

120

REGISTERED No. C D 5235

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Orleans ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fromund Breitenbach

(Residence in Baltimore: No. 2011 Orleans St.: 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widowed

6-DATE OF BIRTH, Oct 15, 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. 6 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): 6 yrs. 05-9

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Dont Know.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Breitenbach

(Address) 2011 Orleans St

15-MAY 13 1917 Filed....., 191... ROBERT R. KRAUTER Registrar.

Important. See instructions. Burial Permit Only.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1917, to May 11 1917, that I saw h.m alive on May 10 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) — yrs. — mos. 4 ds.

(Signed) Emil Novak M. D.

May 12, 1917 (Address) 26 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem — DATE OF BURIAL, May 14 1917

20-UNDERTAKER J Herwig & Co — ADDRESS 2008 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

D 5236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 5236

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 963 W Calhoun St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Hallman,

(Residence in Baltimore: No. 963 W Calhoun St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 74 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, not known,

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Vokrant

(Address) 963 W Calhoun

15-
Filed MAY 13 1917, 191.....
ROBERT R. KRAUTER
Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8 191., to May 12 191.,
that I saw h.. alive on May 11 191.,
and that death occurred, on the date stated above, at 2 A.M.
The CAUSE OF DEATH* was as follows:

Senility

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Intestinal Nephritis

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) J. H. Mackenzie M. D.

May 13, 191. (Address) 2338 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westview Cemetery — DATE OF BURIAL, May 15, 1917

20-UNDERTAKER John Henrix & Co — ADDRESS 2007 Orleans

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5237 — 7108 — D 5237

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bredin & Gelleran Parlor — REGISTERED NO. C .....

CITY OF BALTIMORE: (No. 2724 N. Charles ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Perlin

(Residence in Baltimore: No. 2724 N. Charles St.; ....yrs., mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	single

6-DATE OF BIRTH, March (Month) 22 (Day), 1895 (Year)

7-AGE, 22 yrs. 1 mos. 17 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at home
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Perlin

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ida Kriel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wm J. Robinson

(Address) Hamilton ave Parkway

15- MAY 13 1917 Filed....., 191..... ROBERT B. KRAUSE Registrar. Burial Permit (1...)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 191..., to May 9 1917, that I saw her alive on May 9 1917, and that death occurred, on the date stated above, at 9.05 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial Abscess

(Duration) one hour yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. mos. ds.

(Signed) Wm H. B. Gelleran M. D.

May 9, 191... (Address) 5E Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence White Ave Balto Co Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto Cemetery	May 13 1917
20-UNDERTAKER John Herwig & Co	ADDRESS 2008 Albans Av

D 5238

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5238

1 PLACE OF DEATH

REGISTERED No. C 15 79

CITY OF BALTIMORE (No. 1600 Bentalou ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Wode

(Residence in Baltimore: No. 1600 Bentalou St.: 72 yrs. 1 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: March 17, 1845 (Month) (Day) (Year)

7 AGE: 72 yrs. 1 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Grocer
(b) General nature of industry, business, or establishment in which employed (or employer): (retired) 034

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Chas Wode

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Annie Steinkopf

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie M Wode

(Address) 1600 Bentalou St

15 Filed MAY 13 1917 ROBERT R. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 11th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 5th, 1917, to May 11th, 1917, that I saw h[er] alive on May 11th, 1917, and that death occurred, on the date stated above, at 5.15 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robt. J. Murray M. D.

May 13th, 1917 (Address) 510 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lorraine Cem. DATE OF BURIAL: May 13, 1917

20 UNDERTAKER: Chas E. Pounch ADDRESS: 802 Madison Ave

State CAUSE OF DEATH. Please fill in all items. ... is very important. See instructions on back of certificate.

D 5239

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5239

CERTIFICATE OF DEATH.

186

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Fromm

(Residence in Baltimore: No. 844 W. Pratt St.; 33 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) Feb. (Day) 2, (Year) 1884

7-AGE, 33 yrs. 1 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Black Smith
(b) General nature of industry, business, or establishment in which employed (or employer)..... Gas Co

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, August Fromm

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Mary Murphy

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... August Fromm

(Address)..... 103 S. Poppleton

15- FILED MAY 13 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CAUSE OF DEATH. See instructions on back of certificate. Important.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to..his death on the day stated above.

The CAUSE OF DEATH* was as follows: Ruptured liver caused by horse accidentally kicking him in the gas house

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage Internal Gas house

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. T. Pelz M. D. (Coroner)

May 12, 1917 (Address) 637 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 844 W. Pratt St.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Western	May 15, 1917
20-UNDERTAKER Jos F. Cook	ADDRESS 1003 Balto St.

Spec.—5-19-13—M. & T.—500 Blks.

D 5240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170

D 5240

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 E. Chase ST.; 7 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME William Bell Sr

(Residence in Baltimore: No. 1611 E Chase St.; ....yrs.,....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb 13, 1845
(Month) (Day) (Year)

7-AGE, 72 yrs. 2 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired 009
(b) General nature of industry, business, or establishment in which employed (or employer)..... Clerk B.O.R.R.

9-BIRTHPLACE, (State or Country), N. J.

PARENTS.

10-NAME OF FATHER, William Bell.

11-BIRTHPLACE OF FATHER (State or Country), N. J.

12-MAIDEN NAME OF MOTHER Elizabeth Cornell.

13-BIRTHPLACE OF MOTHER (State or Country), N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Veronica Bell

(Address) 1611 E. Chase

15-

Filed MAY 13 1917 191.

ROBERT R. KRAUTER
Burial Permit Clerk.
Registrar.

L. Hornstein.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/29 1917, to 5/10 1917, that I saw h[illegible] alive on 5/10 1917, and that death occurred, on the date stated above, at 7 45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) 1 yrs. mos. ds.

(Signed) A. L. Hornstein M. D.

5/13, 1917. (Address) 733 Augusta Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, May 14 1917

20-UNDERTAKER Willard C. Fulk — ADDRESS 221 N. Broad

Spec.—8-24-14—M. & T.—2000 Bks.

Frank Bitzelberger

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 5241 + 17 v D 5241

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St. ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Berger or Bitzelberger.

Residence in Baltimore: No. 3307 Caxton Ave St.; ....yrs.,....mos.,....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. August 9 1872
(Month) (Day) (Year)

7-AGE. 44 yrs. 9 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer. 140
(b) General nature of industry, business, or establishment in which employed (or employer). Sparrows Point.

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Joseph Bitzelberger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Magdalena Strebal

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kunigunda Bitzelberger

(Address) 3307 Flint St.

15- Filed MAY 13 1917 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 9 191.7, to May 10 191.7, that I saw him alive on May 10 191.7, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Traumatic pneumonia.
due to fall of 15 feet from scaffold
due to accident (Duration) ....yrs. ....mos. 2 hrs.

CONTRIBUTORY (Secondary) Acute dilatation Heart
(Duration) ....yrs. ....mos. ....ds.

(Signed) Bernstein M. D.

May 10, 191.7. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Sparrows Point

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, May 14, 1917.

20-UNDERTAKER Lilly & Zeile ADDRESS 1103 S. Wolfe

(Over)

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5242

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 S. Albemarle St.; 3 WARD)

REGISTERED No. C 74 D 5242

2-FULL NAME Mrs Rosa Di Paola

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 26 S. Albemarle St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, May (Month) 9th (Day), 1847 (Year)

7-AGE, 70 yrs. — mos. 1 ds. If LESS than 1 day, 4 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Casquala Valenziana

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Maria Greca

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Salvatora Di Paola

(Address) 26 S. Albemarle St.

15- Filed MAY 131917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 191 7, to May 9 191 7, that I saw h er alive on May 9 191 7, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Luigi D. Di Stefano M. D.

May 11, 191 7 (Address) 407 N. Exeter

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem. DATE OF BURIAL, May 13th, 1917

20-UNDERTAKER Tully & Feiler ADDRESS 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5243

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 S. Robinson ST. 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Fiedler

(Residence in Baltimore: No. 805 S. Robinson St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. (Month) 16th (Day), 1854 (Year)

7-AGE, 62 yrs. 5 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Labor
(b) General nature of industry, business, or establishment in which employed (or employer). Grocer 040

9-BIRTHPLACE, (State or Country). Germany.

PARENTS.

10-NAME OF FATHER, John Fiedler

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary M. Fiedler

(Address) 805 S. Robinson St.

15- MAY 131917 Filed ..... 191... ROBERT R. KRAUTER Registrar.

BURIAL Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to May 11 1917, that I saw him alive on May 11 1917, and that death occurred, on the date stated above, at 1.30 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) Unknown yrs. mos. ds.

(Signed) W B Tilden M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, May 15, 1917

20-UNDERTAKER Lilly and Zeile ADDRESS 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5241

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5241

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 E. Fairmount Ave. ST.; 6 WARD)

REGISTERED NO. C 113

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Everett Chaney.

(Residence in Baltimore: No. 1903 E. Fairmount Ave. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. (Month) 28 (Day), 1872 (Year)

7-AGE, 44 yrs. 8 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General Work

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Levi M. Chaney.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Chaney

(Address) 1903 E. Fairmount Ave.

15-

Filed MAY 13 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11th (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 2- 191 7, to May 11 191 7, that I saw h[illegible] alive on May 9- 191 7, and that death occurred, on the date stated above, at 3.15 m.

The CAUSE OF DEATH* was as follows:

Abruptio Hepatis Gestionis

(Duration) ....yrs. 3 mos. 3 ds.

CONTRIBUTORY (Secondary) Anasarca

(Duration) ....yrs. 1 mos. 0 ds.

(Signed) H. S. Wades M. D.

5/11/17 (Address) 1432 N. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Sacred Heart Cem.

DATE OF BURIAL. May 14th, 1917.

20-UNDERTAKER Lilly & Feiler

ADDRESS 403 S Wolfe St.

Spec.—6-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5215

CERTIFICATE OF DEATH.

29 D 5215

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N. Streeper ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph C. Thim

(Residence in Baltimore: No. 424 N. Streeper St, St.; ...yrs.,...mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 6th (Day), 1876 (Year)

7-AGE, 41 yrs. 1 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk. 009
(b) General nature of industry, business, or establishment in which employed (or employer): B&ORR.

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, John B. Thim.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Barbara Vogel.

13-BIRTHPLACE OF MOTHER (State or Country), Balto City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rae M. Thim

(Address) 424 N. Streeper St

15-

Filed MAY 13 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Per... Dir.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1917, to May 12 1917, that I saw h.. alive on May 10 - 1917, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Phthisis Florida

(Duration) ...yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ...yrs. ...mos. ...ds.

(Signed) F. C. Stadler M. D.

5/12/17 191... (Address) 1436 N. Streeper

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 15, 1917

20-UNDERTAKER Lilly & Keller. — ADDRESS 403 S. Wolfe

D 5246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

D 5246

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1328 Mt Henry ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William R. McIntyre

(Residence in Baltimore: No. 1328 Mt Henry St

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH. May (Month) 10 (Day), 1917 (Year)

7-AGE, ...yrs....mos. 1 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 00

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Bernard McIntyre

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Agnes Dunkerley

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard McIntyre

(Address) 1328 Mt Henry St

15- Filed MAY 13 1917, 191.... ROBERT R. KRAUTH Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fallen Trainman

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 1 ....ds.

CONTRIBUTORY (Secondary) 7 Mos. Sestation

(Duration) ....yrs. ....mos. ....ds.

(Signed) James M Pullen M. D. (Coroner.)

May 11 191.7 (Address) 701 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peter	May 12, 19..7.
20-UNDERTAKER John J Corron	ADDRESS 701 Hollins

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5247

CERTIFICATE OF DEATH.

81 D 5247

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 119 W Beverly St. ; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susanna Parley.

(Residence in Baltimore: No. 119 W Beverly St. St.; 74 yrs., 2 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): widow

6-DATE OF BIRTH: March 3d, 1843 (Month) (Day) (Year)

7-AGE: 74 yrs. 2 mon. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): work

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: John Switzer

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Louise Isaacs

(Address) 2938 E. Fayette St.

15- Filed MAY 13 1917, 191... ROBERT B. KRAUTH Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1917, to May 11 1917, that I saw h[illegible] alive on May 10th 1917, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Intestinal Tract

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) [redacted]

(Duration) ....yrs. ....mos. ....ds.

(Signed) Louis Bloll M. D.

May 12, 1917 (Address) 1203 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cem, Brooklyn — DATE OF BURIAL, May 15 1917

20-UNDERTAKER: John J Cowan & Son — ADDRESS 901 Hollins St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5248

CERTIFICATE OF DEATH.

19 D 5248

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2033 Woodberry ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sarah Peregoy

(Residence in Baltimore: No. 2033 Woodberry ave. St.; yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May (Month) 7 (Day) 1843 (Year)

7-AGE, 74 yrs. ..... mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jacob Bull

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Ann Evans

13-BIRTHPLACE OF MOTHER (State or Country), Indiana

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Melcha Peregoy

(Address) 2033 Woodberry Ave

15 MAY 13 1917 ROBERT R. KRAUTER

Filed ....., 191.... Burial Permit Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Prowell M. D.
(Coroner.)

May 13 1917 (Address) 3232 Rockrun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Forest Balto Co — DATE OF BURIAL, May 13, 1917

20-UNDERTAKER, C. Roy Stifler — ADDRESS 8440 Belair Rd

Spec.—5-19-13—M. & T.—500 Bks.

D 5249

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5249

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Preston St. Maternity ST.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Mary Eugene Wheeler

(Residence in Baltimore: No. 2122 North Charles St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, November 8, 1845
(Month) (Day) (Year)

7-AGE, 71 yrs. 6 mos. 5 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joshua M Hall

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Sophia Leonard Bird

13-BIRTHPLACE OF MOTHER (State or Country), Rhode Island

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna C Mears

(Address) 2447 Barclay St.

15- MAY 131917 Filed ..., 191... ROBERT R. KRAUTER Registrar.

Burial Permit 61671

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9th 1917, to May 13th 1917, that I saw her alive on May 12 1917, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

Acute Nephritis

(Duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ...yrs. ...mos. ...ds.

(Signed) Dora Peters M.D. M. D.

May 13, 1917. (Address) 2122 North Charles St. Baltimore Md.

(State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 3 ds. In the State Life yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence 2122 N. Charles St

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, May 15, 1917.

20-UNDERTAKER H E Hughes ADDRESS 178 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 5250 D 5250 +18

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roxanne Warren.

(Residence in Baltimore: No. Johns Hopkins Hosp. 1mo 2days St.; ....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... December 11, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Warren

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Ella Carole

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. W. Warden

(Address) Johns Hopkins Hospital

15-
Filed MAY 13 1917, 191.....
ROBERT R. KRAUTER
Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: ..... May 13, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 11 1917, to May 13 1917, that I saw h e alive on May 13 1917, and that death occurred, on the date stated above, at 9 35 m.

The CAUSE OF DEATH* was as follows:

.....empyema.....

.....

.....

..... (Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) Streptococcus arthritis, empyema (Duration) ...yrs. 1½ mos. ...ds.

(Signed) Henry B. Conrad M. D.

May 13, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Blackstone Va

19-PLACE OF BURIAL, OR REMOVAL, Blackstone Va — DATE OF BURIAL, May 14, 1917.

20-UNDERTAKER Albert L Fuller — ADDRESS 221 N Bandy

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5251

1-PLACE OF DEATH Woman's Hospital

REGISTERED No. C 64

CITY OF BALTIMORE: (No. ..... ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Virginia Austin

(Residence in Baltimore: No. 1405 Park ave St.; 1 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 31 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Sheffield-England

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Mrs. Virginia Austin

(Address) ..... 1405 Park Ave.

15-
Filed MAY 14 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 11 ..., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to May 11 1917, that I saw h-r alive on May 11 1917, and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

..... Chronic Nephritis .....
..... (pregnancy) .....
..... (Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ... Cerebral Hemorrhage

..... (Duration) ? yrs. ..... mos. ..... ds.

(Signed) ..... Ch. H. Burton ..... M. D.

May 11, 1917. (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1405 Park ave

19-PLACE OF BURIAL OR REMOVAL, Pittsburgh Pa — DATE OF BURIAL, 15 May

20-UNDERTAKER Henry W. Jenkins & Son Co — ADDRESS McCulloh St

Wells Fargo

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3252 119 D 3252

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Eastern ave St. 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonio G. Lavezza

(Residence in Baltimore: No. 911 Eastern ave St.; 16 yrs., 9 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 8th, 1900 (Month) (Day) (Year)

7-AGE, 16 yrs. 9 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jos. A. Lavezza

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Lena Bacaglupa

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. A. Lavezza

(Address) 911 Eastern Ave.

15-

Filed MAY 14 1917 191.... HARRY C. ANDREWS Registrar.

Serial Term.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1917, to May 10 1917, that I saw h... alive on May 10 1917, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

..... acute Nephritis .....

..... (Duration)....yrs....mos. 6 ds.

CONTRIBUTORY (Secondary)

..... (Duration)....yrs....mos....ds.

(Signed) J. J. Valentine M. D.

May 14, 1917. (Address) 911 E. Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, May 14th, 1917.

20-UNDERTAKER Lilly & Zeiler ADDRESS 405 S. Holl...

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5253 × 92 D 5253

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Ed Division 6 ST. WARD)

REGISTERED NO. C.....

2-FULL NAME Mr. Wm A Topping (Topping)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. In Hospital St.; .....yrs., ...mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov 1st, 1851. (Month) (Day) (Year)

7-AGE, 65 yrs. 6 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired do
(b) General nature of industry, business, or establishment in which employed (or employer)..... Auctioneer

9-BIRTHPLACE, (State or Country), N Y

PARENTS.

10-NAME OF FATHER, Wm L Topping

11-BIRTHPLACE OF FATHER (State or Country). N. Y.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Topping

(Address) Newburg N Y

15- Filed MAY 14 1917, 191... HARRY C. ANGELL Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1917, to May 13 1917, that I saw h in alive on May 13 1917, and that death occurred, on the date stated above, at 7.15 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(Duration) .....yrs. .....mos. 7 ds.

(Signed) W M Carnahan M. D.

5/13, 1917. (Address) Church Home & Inf

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 4 ds. In the State .....yrs. .....mos. 14 ds.

Where was disease contracted, if not at place of death?

Former or usual residence New York City

19-PLACE OF BURIAL OR REMOVAL, New York City — DATE OF BURIAL, May 14 191?

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Aliceanna

Spec.—8-24-14—M. & T.—2000 Blks.

D 5254

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

D 5251

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1142 Scott St. WARD) 21

2-FULL NAME Walter L. Horsberger

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1142 Scott St.; 21 yrs., 5 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) 25th (Day), 1890 (Year)

7-AGE, 26 yrs. 5 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Motorman
(b) General nature of industry, business, or establishment in which employed (or employer): United R.R. Co.

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER, Theodore Horsberger

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Alice Serl

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henriette Horsberger

(Address) 1142 Scott St.

15-

Filed MAY 14 1917 191.... HARRY C. ANDERSON Chief Clerk and Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 20 1917, to May 11 1917, that I saw h.m alive on May 8 1917 and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

a Pulmonary Tuberculosis

b .....

c .....

(Duration) 6 mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Dilcell M. D.

May 14, 1917. (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem.	May 14, 1917

20-UNDERTAKER Mrs. Mrs John H. Leupold ADDRESS 848 W. Fayette

D 5255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

D 5255

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1317 N. Stricker St ST.: 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent E. Smith

(Residence in Baltimore: No. 317 N. Stricker St. St.; yrs., mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 26, 1914
(Month) (Day) (Year)

7-AGE, 32 yrs. 10 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wagon driver
(b) General nature of industry, business, or establishment In which employed (or employer): O'D

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Geo Smith

11-BIRTHPLACE OF FATHER (State or Country). Balto md

12-MAIDEN NAME OF MOTHER Mamie Talbott

13-BIRTHPLACE OF MOTHER (State or Country). Washington DC

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Smith

(Address) 1317 N. Stricker St

15-

Filed MAY 14 1917, 191.... MARY O. ANDREWS
INITIAL T. OF WHOM SIGNS
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) P. C. Lemmon C. M. D.
(Coroner.)

May 13, 191 7. (Address) Gro Eig Co

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, May 14 1917

20-UNDERTAKER Geo J Gibson

ADDRESS 573 Hanover St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

B 5256

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 5256

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 W. Baltimore St.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Jones

(Residence in Baltimore: No. 1128 W Baltimore St.; 70 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH October 27th 1842 (Month) (Day) (Year)

7-AGE, 74 yrs. 6 mos. 15 ds. If LESS than 1 day, ...hrs. or 5 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Waters Va "

PARENTS.

10-NAME OF FATHER, David Davis

11-BIRTHPLACE OF FATHER (State or Country), Waters Va "

12-MAIDEN NAME OF MOTHER Jane Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Waters Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Max Gebhardt

(Address) 1128 W. Balto St.

15-

Filed MAY 14 1917 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 1917, to May 12 1917, that I saw h er alive on May 12 1917, and that death occurred, on the date stated above, at 6.55 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nodular Hepatic Cirrhosis

..... (Duration) ....yrs. instant mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Walter A Eck M. D.

5. 13., 1917. (Address) Garrison Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, 5-14-1917

20-UNDERTAKER Robert Fierds & Son — ADDRESS Calhoun & Hollins St.

D 3257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 D 3257

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frank H. Kallskopf

(Residence in Baltimore: No. 1830 E. Biddle St.; yrs. 14 mos. 8 ds. 3)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 10 (Day), 1902 (Year)

7-AGE, 14 yrs. 8 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School 086
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm. Kallskopf

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Minnie Fetsch

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Kallskopf

(Address) 1830 Biddle

15- MAY 14 1917 191.... Burial Permit Issued

Filed..... Registrar

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns received (accident)
Gasoline explosion
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia
(Duration) ....yrs. ....mos. ....ds.

(Signed) H. J. Ruhrah M. D.
(Coroner.)

May 14, 1917. (Address) 16 E. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. 3 days mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? 223 N. Calvert St

Former or usual residence 1830 E. Biddle St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery DATE OF BURIAL, May 17, 1917

20-UNDERTAKER Christian Miller ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

D 5258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5258

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 S. Bond ST.; 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline King

(Residence in Baltimore: No. 836 S. Bond St.; 5 yrs., 10 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June 26 (Month) (Day), 1865 (Year)

7-AGE, 51 yrs. 10 mos. 16 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): 03

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Conrad Keller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Schumann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christian Miller

(Address) 2334 Jefferson St

15-

Filed MAY 14 1917, 191.... HARRY C. ANGELL Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April — 1916, to May 12 1917, that I saw h[er] alive on May 12 1917, and that death occurred, on the date stated above, at 11 0 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) yrs. 13 mos. ds.

CONTRIBUTORY (Secondary) Uremic Convulsion

(Duration) yrs. mos. 1 ds.

(Signed) Wm. E. B. Myers M. D.

May 12, 1917. (Address) 125 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, May 16, 1917

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5259

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 W. Mulberry ST.; 18 WARD) REGISTERED No. C 1920 D 5259

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie A. Turner

(Residence in Baltimore: No. 933 W Mulberry St.; 69 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, May (Month) 12 (Day), 1848 (Year)

7-AGE,	If LESS than 1 day,
68 yrs. 9 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna C Turner

(Address) 933 W. Mulberry St

15- Filed MAY 14 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to May 13 1917, that I saw h[illegible] alive on May 12 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial

[illegible] (Duration) 7 yrs. mos. ds.

(Signed) [illegible] M. D.

May 14, 1917 (Address) 206 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	May 15, 1917
20-UNDERTAKER George J Smith	ADDRESS Fayette W

Spec.—8-24-14—M. & T.—2000 Bks.

D 5260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170

D 5260

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. S. W. Cor Franklin & Fulton Ave. St.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Thompson Elliott

(Residence in Baltimore: No. Home for the Aged of the M.E.Ch St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feby (Month) 17 (Day), 1846 (Year)

7-AGE, 71 yrs. 2 mos. 26 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country) Baltimore Co. Md.

PARENTS.

10-NAME OF FATHER. Thomas Elliott

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Eleanor Sullivan

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of the Home

(Address) S W. Cor. Fulton and Franklin

15- Filed MAY 14 1917, 191. HARRY C. ANGELL Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to May 13 1917, that I saw her alive on May 11 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) 5 yrs. 5 mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 3 yrs. 5 mos. 6 ds.

(Signed) Geo. B. Shannon M. D.

May 13., 1917. (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 yrs. mos. ds. In the State 7 yrs. mos. ds.

Where was disease contracted, if not at place of death? at the Home

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, May 15, 1917

20-UNDERTAKER Geo J Arnett — ADDRESS 1000 Payson St

Spec.—8-24-14—M. & T.—2000 Bks.

D 5261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5261

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2235 Kingsley ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. W. Hooper

(Residence in Baltimore: No. 2235 Kingsley St.; 77 yrs. 7 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. 19, 1839 (Month) (Day) (Year)

7-AGE, 77 yrs. 7 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Jos. W. Hooper

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Temperance Ware

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. A. Hooper

(Address) 701 W. Lexington St

15- MAY 14 1917 MARY C. ANDREWS

Filed ..... 191.... Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 10 1917, to May 12 1917, that I saw h[illegible] alive on May 10 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cutaneous epithelial [illegible]

(Duration) 2 yrs. 6 mos. ds.

(Signed) Walter F. Ward M. D.

May 13, 1917 (Address) 1728 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, London Park DATE OF BURIAL, May 14, 1917

20-UNDERTAKER George Lindenberger ADDRESS 5[illegible] St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5262

CERTIFICATE OF DEATH.

81

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 McMechen st ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Soars

(Residence in Baltimore: No. 121 Mc Mechen st St.: 94 yrs., 1 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: March 14, 1823 (Month) (Day) (Year)

7-AGE: 94 yrs. 1 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Mrs Morrison

11-BIRTHPLACE OF FATHER (State or Country): Don't Know

12-MAIDEN NAME OF MOTHER: Mamm Edwards'

13-BIRTHPLACE OF MOTHER (State or Country): Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma F. Shields

(Address) 121 Mc Mechen St

15- MAY 14 1917

Filed....., 191.... MARY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1916, to May 12 1917, that I saw her alive on May 10 1917, and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Old age

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. F. Jones M. D.

May 13, 1917. (Address) 117 N. Dallas st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: May 14, 1917

20-UNDERTAKER: Geo. W. Gaither — ADDRESS: 1229 E. Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5263

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore General Hospital REGISTERED No. C

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Eva Renken

(Residence in Baltimore: No. 322 N. Schroeder St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May 4, 1839
(Month) (Day) (Year)

7-AGE, 78 yrs. ... mos. 8 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or Country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or Country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick R. Renken

(Address) 322 N. Schroeder

15-

Filed MAY 14 1917 191... HARRY ... Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1917, to May 12 1917, that I saw h[illegible] alive on May 11 1917, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Edward Wayman

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Gastric Hemorrhage

Anemia (Duration) ... yrs. ... mos. 11 ds.

(Signed) John A. Ca... M. D.

..., 191... (Address) 101 E. Ca...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 8 ds. In the State ... yrs. ... mos. 8 ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence 322 N. Schroeder St

19-PLACE OF BURIAL OR REMOVAL, London Park DATE OF BURIAL, May 14, 191...

20-UNDERTAKER Geo. M. Smith ADDRESS 855 Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-13—M. & T.—2000 Blks.

D 5264

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 5264

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2040 N. Washington St 8

REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Rosalind Tucker

(Residence in Baltimore: No. All her life St. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, ... Jan 27th, 1895
(Month) (Day) (Year)

7-AGE, 22 yrs. 3 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Trust Co

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Charles W. Tucker

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Lottie Nunnally

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs C. R. Tucker

(Address) 2040 N. Washington St

15-

Filed MAY 14 1917 191.... HARRY J. ANDREWS

Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May 13th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11th 1917, to May 12th 1917, that I saw her alive on May 12th 1917, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. J. Norris M. D.

May 13th, 1917. (Address) 1925 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, May 16 1917

20-UNDERTAKER Wm. Cook — ADDRESS 502 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5265

HEALTH DEPARTMENT—CITY OF BALTIMORE

115

D 5265

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1446 Montpelier St.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Connell

(Residence in Baltimore: No. 1446 Montpelier St.; 63 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 63 yrs. 1 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Michael Graham

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Annie Healy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr James C. Connell

(Address) 1446 Montpelier St

15-

Filed MAY 14 1917 191.... HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1st 1917, to May 13th 1917, that I saw her alive on May 13th 1917, and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(Duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) Septic intoxication

(Duration) ... yrs. ... mos. 3 ds.

(Signed) Geo. W. Mungator M. D.

May 13th 1917. (Address) 357 Fulmont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, N. Point Cemetery — DATE OF BURIAL, May 15, 1917

20-UNDERTAKER Henry Hoeck Son — ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

D 5266

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 5266

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

(CITY OF BALTIMORE: (No. 806 Somerset ST.; 10 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nelia S. Gibboney

(Residence in Baltimore: No. 806 Somerset St.; 25 yrs., \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... Not known ....., 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
58 yrs. \ mos. \ ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework (at home)
(b) General nature of industry, business, or establishment in which employed (or employer) ..... (?)

9-BIRTHPLACE, (State or Country), Tennessee

PARENTS.

10-NAME OF FATHER, Wm. Lofland

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Robert Gibboney

(Address) 806 Somerset St

15-

Filed MAY 14 1917, 191... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1917, to May 13 1917, that I saw her alive on May 13 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemiplegia

(Duration) ....yrs. mos. 2 hrs.

CONTRIBUTORY .....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. E. Bowerbank M. D.

May 14, 191.7 (Address) 1212 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	May 16, 191.7
20-UNDERTAKER Henry Hoeck Son	ADDRESS 130 E Eager St

Spec.—8-4-14—M. & T.—2000 Bks.

D 5267

HEALTH DEPARTMENT—CITY OF BALTIMORE

119 D 5267

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Tyson ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Woodyard

(Residence in Baltimore: No. 706 Tyson St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Corporation

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Hiram Woodyard

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Boyton

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen Woodyard

(Address) 706 Tyson St.

15- MAY 14 1917 HARRY C. ANDREWS

Filed ....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10th 1917, to May 12th 1917, that I saw ... alive on May 11th 1917, and that death occurred, on the date stated above, at 8 A.M. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ... yrs. ... mos. 1+ ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) 2 yrs. ... mos. ... ds.

(Signed) A. Ellison M. D.

May 14, 191.. (Address) 52 E. Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, W. A. Andrews Co.

DATE OF BURIAL, May 16, 191..

20-UNDERTAKER, Samuel H. Newsley

ADDRESS 5 John St.

Spec.--8-24-14—M. & T.—2000 Bks.

D 5268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5268

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann Gen Hospital St.; 16 WARD)

REGISTERED NO. C

2-FULL NAME Nannie L. Robey

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. Brandywine End St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) married

6-DATE OF BIRTH. May 27th 1865
(Month) (Day) (Year)

7-AGE. 51 yrs. 11 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer). Housewife

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. B. S. Willard

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Sarah J Mills

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ina R Robey

(Address) Brandywine Md

15- Filed MAY 14 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 14, 1917.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 1 1917, to May 14 1917, that I saw her alive on May 13 1917, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation &
Cardiac Dilatation
Indigestion
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Anasarca & Dilation of Lungs
(Duration) —yrs. —mos. 15 ds.

(Signed) Charles E. Clarke M. D.

May 14, 191.. (Address) 1310 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

17-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 1 mos. 14 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? Brandywine Md

Former or usual residence Brandywine Md

18-PLACE OF BURIAL OR REMOVAL. Brandywine Md

DATE OF BURIAL. May 14, 191.7.

20-UNDERTAKER E. J. Walker

ADDRESS 723 W Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5269 + 41 D 5269

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital ST. 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Ellen Imogen Caulk

Residence in Baltimore: No. Womans Hospital St.: yrs. 3 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
female	white.	single

6-DATE OF BIRTH, Unknown 1875
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
42 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James H Caulk

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie R. McDaniel

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter H Caulk

(Address) McDaniel Md

15-

Filed MAY 14 1917, 191..... EARLY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 18 1917, to May 14 1917, that I saw h[illegible] alive on May 14 1917, and that death occurred, on the date stated above, at 8.20 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid
Operation Colotomy Jan. 18, 1917.

(Duration) yrs. 3 mos. 26 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 3 ds.

(Signed) Charles R. Brooke M. D.

May 14, 1917. (Address) Womans Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. 3 mos. 26 ds. In the State Md yrs. 42 mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence McDaniel Talbot Co Md

19-PLACE OF BURIAL OR REMOVAL, Easton Md

DATE OF BURIAL, May 15, 1917.

20-UNDERTAKER F. Dickner & Sons

ADDRESS North & Penna Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 5270

64

D 5270

CERTIFICATE OF DEATH

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1319 Harlem Ave ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sarah A Ebaugh

(Residence in Baltimore: No. 1319 Harlem Ave St.: 79 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: July 29, 1837 (Month) (Day) (Year)

7 AGE: 79 yrs. 9 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9 BIRTHPLACE (State or country): Baind Co Md.

PARENTS

10 NAME OF FATHER: Henry Foorde

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Susan Sellers

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Abner Ebaugh

(Address) 1319 Edmondson

15.

Filed MAY 14 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 12 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1917, to May 12 1917, that I saw h alive on May 11, 1917, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 12 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Irvin Ebaugh M. D.

May 15, 1917 (Address) 745 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Wesley Chapel Md. DATE OF BURIAL: May 17, 1917

20 UNDERTAKER: W M Moulton ADDRESS: 231 N Greene

state CAUSE OF DEATH in plain terms. No abbreviations or terms unintelligible to the general reader is very important. See instructions on back of certificate.

Spec.—5-24-14—M. & T.—2000 Bks.

D 5271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine White Hurst

(Residence in Baltimore: No. ~~344 E. Lanvale~~ St. Johns Hopkins Hospital St.; — yrs., — mos. — 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May 8, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 0 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none (0)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Joseph Grubb

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER Pauline Baldwin

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie A

(Address) Johns Hopkins Hospital

15-

Filed MAY 14 1917, 191... RAMEY O. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12 1917, to May 13 1917, that I saw h... alive on May 13 1917, and that death occurred, on the date stated above, at 4 48 p.m.

The CAUSE OF DEATH* was as follows:

meningitis (tubercular)

(Duration) ...yrs. ...mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Henry B. Conrad M. D.

5-14, 191.7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 2 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3410 E. Lanvale St

19-PLACE OF BURIAL OR REMOVAL, Friends Cem

DATE OF BURIAL, May 15, 1917.

20-UNDERTAKER Ellis Zeber

ADDRESS 403 Dolphin

Spec.—8-24-14—M. & T.—2000 Blks.

D 5272

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

D 5272

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; H WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Butler

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col.	S.

6-DATE OF BIRTH, ... May (Month) 9 (Day), 1917 (Year)

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, 1 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Ignatius Butler.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Louise Berthis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Butler

(Address) 1415 Eastman St.

15- Filed MAY 14 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 191 7, to May 9 191 7, that I saw h.. alive on May 9 191 7, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

.....

..... Premature Birth

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Edward Reed M. D.

May 9, 191.. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND.	MAY 1[illegible] 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

WOODALL

Spec.—8-24-14—M. & T.—2000 Bks.

D 5273

HEALTH DEPARTMENT—CITY OF BALTIMORE

35 D 5273

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Dickerson

(Residence in Baltimore: No. 1046 Argyle Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov (Month) ..... (Day) 1915. (Year)

7-AGE, 1 yrs. 8 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Isaac Dickerson

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER Evelyn Phillips

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Laray

(Address) Johns Hopkins Hospital

15- Filed MAY 14 1917, 191.... HARRY U. ANDREWS Registrar. Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1917, to May 13 1917, that I saw h[illegible] alive on May 13 1917, and that death occurred, on the date stated above, at 7.40 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry B. Conrad M. D.

May 13, 1917 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1046 Argyle Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery DATE OF BURIAL, April 16 1917

20-UNDERTAKER P. C. Brooks ADDRESS 405 McElderry

Spec.—8-24-14—M. & T.—2000 Blks.

D 5274

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5274

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 W. Saratoga ST. 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno W. Dols.

(Residence in Baltimore: No. 2119 W Saratoga St. St.: Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED; (Write the word.) Single

6-DATE OF BIRTH, September 20, 1916. (Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. 23 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Wm Dols

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Lula Wiggins

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm L Dols.

(Address) 2119 W Saratoga St

15- MAY 14 1917 Filed....., 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to May 13 1917, that I saw h living alive on May 13 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

.....

Measles

.....

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J Wallace Pretorius M. D.

May 14, 191.7 (Address) 1228 N. Caroline.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, May 17, 191.7

20-UNDERTAKER Geo. A. Gerbig — ADDRESS Baltimore

55

Spec.—8-24-14—M. & T.—2000 Bks.

D 5275

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5275

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 66 N. Mulberry ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ettie Cunningham

(Residence in Baltimore: No. 66 N. Mulberry St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married Widowed

6-DATE OF BIRTH, ... (Month) July (Day) 21 (Year) 1863

7-AGE, 54 yrs. 9 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work..... Laundry
(b) General nature of industry, business, or establishment in which employed (or employer)..... Employed

9-BIRTHPLACE, (State or Country), Jamaica County Kingston W.I.

PARENTS.

10-NAME OF FATHER, Sally Brown

11-BIRTHPLACE OF FATHER (State or Country), Natal S. A.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), State Nk

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... W. J. Simpson

(Address)..... 66 N. Mulberry St.

15- MAY 14 1917 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) 5 (Day) 12 (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from May 9 1917, to May 12 1917, that I saw h[illegible] alive on May 11 1917, and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Wm. H. Tompkins M. D.

May 14 191.7 (Address) 1014 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Laurel County Md. DATE OF BURIAL, May ..., 1917

20-UNDERTAKER P. Reis & Bro ADDRESS 102 E. Mulberry St

102 E. Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

D 5276

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 5276

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 222 E Fremont ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Almira Burke.

(Residence in Baltimore: No. 222 E Fremont St.; 64 yrs., 11 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 20 (Day), 1852 (Year)

7-AGE, 64 yrs. 11 mos. 22 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. NONE
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Edward Norwood

11-BIRTHPLACE OF FATHER (State or Country), America

12-MAIDEN NAME OF MOTHER Can't say.

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Wm Burke
(Address) 40 Garrison Lane

15-
Filed MAY 14 1917, 191...
Burial Permit Given
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 11 1917, to May 12 1917, that I saw h[illegible] alive on May 12 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:
Apoplexy
(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) NONE
(Duration) ... yrs. ... mos. ... ds.

(Signed) Wm E Fruechtenicht M. D.
5-12-; 191.7. (Address) 682 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery. | DATE OF BURIAL, May 14, 1917.

20-UNDERTAKER Geo. L. Schwab & Bro. | ADDRESS 2101 Frederick Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5277

HEALTH DEPARTMENT—CITY OF BALTIMORE

100

D 5277

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Samuel Ready School with an a 14 Linford av ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary B. Rasin

(Residence in Baltimore: No. Samuel Ready School St.; 8 yrs., ... mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
F.	White	Single

6-DATE OF BIRTH, December 7, 1902
(Month) (Day) (Year)

7-AGE, 14 yrs. 5 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Scholar
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Rasin

11-BIRTHPLACE OF FATHER (State or Country), Kuh-Co md

12-MAIDEN NAME OF MOTHER Sallie Paca

13-BIRTHPLACE OF MOTHER (State or Country), Queen Anne Co md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Mary E. Davidson

(Address) 210 Roland Ave.

15- MAY 14 1917 HARRY C. ANDREWS
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18 1917, to May 13 1917, that I saw her alive on May 13 1917, and that death occurred, on the date stated above, at 10 5 A.m.

The CAUSE OF DEATH* was as follows:
Acute Endocarditis

..... (Duration) — yrs. — mos. 20 ds.

CONTRIBUTORY (Secondary) Acute Tonsilitis

..... (Duration) — yrs. — mos. 3 wks. ds.

(Signed) John D. Craig M. D.

May 13, 1917. (Address) 1425 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Samuel Ready School

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. John's Cemetery Catonsville — DATE OF BURIAL, 5/15/17

20-UNDERTAKER Harry W. Means Estate — ADDRESS 10 S. 7th Catonsville

Permission requested to move to 210 Roland Ave.

D 5278

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5278

CERTIFICATE OF DEATH.

91

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1627 Hakesley Place ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vina ~~Mc~~ ~~Callister~~ McCallister

(Residence in Baltimore: No. 1627 Hakesley Place St.; yrs., 2 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
female	white	Baby

6-DATE OF BIRTH, ... Mar. (Month) 27 (Day) 1917 (Year)

7-AGE, ... yrs. 1 mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Thos MacCallister

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Katherine Collison McCallister

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Catherine MacCallister

(Address) 1627 Hakesley Place

15-

Filed MAY 14 1917, 191.... HARRY D. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 13 (Day) 1917 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiey (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John F. Tuohy (Coroner.)

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	May 15, 1917
20-UNDERTAKER	ADDRESS
Henry Howe Son	1301 E Eager

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5279

HEALTH DEPARTMENT—CITY OF BALTIMORE

119

D 5279

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Eastern Ave ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephat Kolakowski

(Residence in Baltimore: No. 1616 Eastern. St.; 18 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Mar 19, 1861 (Month) (Day) (Year)

7-AGE, 56 yrs. 1 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber.
(b) General nature of industry, business, or establishment in which employed (or employer): Barber Shop.

9-BIRTHPLACE, (State or Country), Russian Poland.

PARENTS.

10-NAME OF FATHER, Kostanty Kolakowski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Mary Bartosiewicz.

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Kolakowski

(Address) 1616 Eastern. Ave

15- Filed MAY 14 1917, 191.... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 17 1917, to May 12 1917, that I saw h-- alive on May 11 1917, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) A. T. Hess M. D.

May 13, 1917. (Address) 24 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, May 15 191.7.

20-UNDERTAKER William Fiackowski — ADDRESS 1618 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5280

CERTIFICATE OF DEATH.

28

D 5280

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMCRE: (No. 1518 Aliceanna ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roman Duszynski

(Residence in Baltimore: No. 1518 Aliceanna St.; 12 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. 9, 18[illegible]
(Month) (Day) (Year)

7-AGE, 35 yrs. 8 mos. 5 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Woodworker
(b) General nature of industry, business, or establishment in which employed (or employer): Wood shop.

9-BIRTHPLACE, (State or Country), Russian Poland

PARENTS.

10-NAME OF FATHER, Andrew Duszynski

11-BIRTHPLACE OF FATHER (State or Country), Russia. Poland

12-MAIDEN NAME OF MOTHER Karpinski

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Duszynski

(Address) 1518 Aliceanna

15- MAY 14 1917 HARRY C. ANDREWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12 1917, to May 13 1917, that I saw h[illegible] alive on May 12 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A T Hall M. D.

May 14th, 1917. (Address) 24 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, May 16, 1917

20-UNDERTAKER Wm Faulkner ADDRESS 1618 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5281

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5281

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp. ; 7 WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Archie Simons (Simmons)

(Residence in Baltimore: No. 3 E. Lee St St.; ... yrs., ... mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Negro.	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1883 (Year)

7-AGE, 32 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Trucks

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Caroline McCullen

13-BIRTHPLACE OF MOTHER (State or Country), N. C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sis McCullen

(Address) #3 E. Lee St

15- Filed MAY 14 1917, 191... HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1917, to May 12 1917, that I saw h[illegible] alive on May 12 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cerebro Spinal Meningitis (Epidemic)

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis Pneumonia

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Henry Thurston M. D.

..., 191... (Address) St Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State ... yrs. ... mos. 8 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 3 E. Lee St. Richmond Va

19-PLACE OF BURIAL OR REMOVAL: Rockingham N.C. DATE OF BURIAL: May 14 1917

20-UNDERTAKER Jos A Goodwin ADDRESS 412 Eastern St

D 5282

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 5282

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 519 Baker St. St. 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Julia Yeager Washington

(Residence in Baltimore: No. 519 Baker St St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): single

6 DATE OF BIRTH: Jan (Month) 8 (Day), 1912 (Year)

7 AGE: 5 yrs. 4 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: student
(b) General nature of industry, business, or establishment in which employed (or employer): (W)

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Robt Washington

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Sarah Yeager.

13 BIRTHPLACE OF MOTHER (State or country): Va -

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robt. Washington

(Address) 512 Baker. St

15 Filed MAY 14 1917

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 12 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1917, to May 12 1917, that I saw h[illegible] alive on May 11, 1917, and that death occurred, on the date stated above, at 6.30 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis-
Meningeal Enteritis.

(Duration) ..... yrs. 8 mos. ds

Contributory (SECONDARY) Tuberculosis Enteritis

(Duration) ..... yrs. 1 mos. ds.

(Signed) I A McEarly M. D.

July 14, 1917 (Address) 3711 Fredrick

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: May 15 1917

20 UNDERTAKER: Jno. Robt A. Elliott — ADDRESS: 506 East St

State CAUSE OF DEATH in plain terms. Indefinite answers are not sufficient. Certificate is very important. See instructions on back of certificate.

D 5283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37

D 5283

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1109 Russell St. ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Musgrove.(C)

(Residence in Baltimore: No. 1109 Russell St.

14 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single.

6-DATE OF BIRTH, July 17th. 1900, 1
(Month) (Day) (Year)

7-AGE, 16 yrs. 9 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia.

PARENTS.

10-NAME OF FATHER, Hayward Musgrove.(C)

11-BIRTHPLACE OF FATHER (State or Country) North Carolina.

12-MAIDEN NAME OF MOTHER Lottie Jones.(C)

13-BIRTHPLACE OF MOTHER (State or Country) Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lottie Musgrove.(C) mother.
1109 Russell St.
(Address).....

15- Filed MAY 14 1917, 191.... ROBERT R. KRAUTH Burial Permit Obt'd
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May, 11th. 1917., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Autopsy & inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Congestion of the Lungs.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Pregnancy & Syphilis.

(Duration) yrs. 9 mos.....ds.

(Signed) Otto M Reinhardt M. D.
(Coroner.)

May, 14, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn St	May 15, 1917.
20-UNDERTAKER	ADDRESS
H. E. Bowers Son	1018 N Monto St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5284 — 92 — 5284

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Young

(Residence in Baltimore: No. 1121 Comet St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Single

6-DATE OF BIRTH, ... (Month) Unknown, (Day) 1 (Year)

7-AGE, 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Dock

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Wesley Young.

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Goldie Gould

(Address) 1121 Comet St.

15- Filed MAY 14 1917 191.. ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 5 1917, to May 11 1917, that I saw him alive on May 11 1917, and that death occurred, on the date stated above, at 1930 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) ..... (Duration) yrs. mos. ds.

(Signed) Elwood Smith M. D.

May 11, 1917 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State Dont Know yrs. mos. ds.

Where was disease contracted if not at place of death? 1121 Comet St.

Former or usual residence 1121 Comet St

19-PLACE OF BURIAL OR REMOVAL, Laurel City. DATE OF BURIAL, April, 1917

20-UNDERTAKER Liston D. Fessenden ADDRESS 2624 Hanover St

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5285

CERTIFICATE OF DEATH.

D 5285

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 E West St.; 43 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles C Friedhoffer

(Residence in Baltimore: No. 34 E. West St.; ....yrs.,....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May 21, 1904. (Month) (Day) (Year)

7-AGE, 12 yrs. 11 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER, Charles Friedhoffer

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Louise Hay

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Friedhoffer

(Address) 34 E West St

15- Filed MAY 14 1917, 191... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 28 1917, to May 12 1917, that I saw h alive on May 12 1917, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ....yrs. 2 mos. 15 ds.

CONTRIBUTORY (Secondary) asthma

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jos. E. Muse M. D.

May 14, 1917 (Address) 1320 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, May 15, 1917

20-UNDERTAKER F. A. Krause ADDRESS 703 Hano

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3286 64 D 3286

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Bolton ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lundie Berry

(Residence in Baltimore: No. 1513 Bolton St.; 1 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	widowed

6-DATE OF BIRTH. 20 July, 1846 (Month) (Day) (Year)

7-AGE. 70 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE. (State or Country). Albany, N. Y.

PARENTS.

10-NAME OF FATHER. Radcliffe Duncan

11-BIRTHPLACE OF FATHER (State or Country). Albany NY

12-MAIDEN NAME OF MOTHER Ann Maigent Warren

13-BIRTHPLACE OF MOTHER (State or Country). Albany NY

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. Thompson Jr.

(Address) 1513 Bolton St.

15-

Filed MAY 14 1917 191... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 13, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 12 191 7, to May 12 191 7, that I saw h alive on May 12 191 7, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

1. Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Symptoms (Duration) 5 yrs. mos. ds.

(Signed) Louis P. Hawkins M. D.

May 14, 1917 (Address) 1207 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	May 15, 1917
20-UNDERTAKER	ADDRESS
Henry Jenkins & Sons Co	Orchard Sts.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30 D 5287

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Hoffmeier

Residence in Baltimore: No. 601 E. Curley St.: (Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August (Month) 26 (Day), 1898 (Year)

7-AGE, 18 yrs. 8 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Conrad Hofmeyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Steinbrenner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Conrad Hofmeyer

(Address) 601 E. Curley St

15-

Filed MAY 14 1917 191.... ROBERT R. KRAUTER

Burial Permit Returned.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1917, to May 14 1917, that I saw h[illegible] alive on May 14 1917, and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) yrs. 1 (?) mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Bernard Jacobson M. D.

May 14, 1917 (Address) Mt Sinai Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 4 hrs. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? (?)

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Emmanuel C — DATE OF BURIAL, May 17, 1917

20-UNDERTAKER Louis Heemann — ADDRESS 32 S Broad

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5288

CERTIFICATE OF DEATH.

50

REGISTERED NO. C ..... D 5288

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) St. Josephs Hosp ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Burroughs

(Residence in Baltimore: No. 839 East Eager St St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH: Feb 28th, 1838 (Month) (Day) (Year)

7-AGE: 79 yrs. 2 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boat
(b) General nature of industry, business, or establishment in which employed (or employer): Captain

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: James Burroughs

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Catherine Herbert

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Armenia Burroughs

(Address) 839 E. Chase St

15- MAY 14 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1917 to May 12 1917, that I saw him alive on May 11 1917, and that death occurred, on the date stated above, at 12.00 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Pulmonary oedema

(Duration) yrs. mos. 1 ds.

(Signed) William F. O'Reilly M. D.

5/12, 191.7 (Address) St Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 839 East Eager St

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, May 15, 191.7

20-UNDERTAKER H. C. Windfeld — ADDRESS 614 Greenmt Av

Spec.—8-24-14—M. & T.—2000 Bks.

D 3289

HEALTH DEPARTMENT—CITY OF BALTIMORE

Nelmar Apts

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH Nelmar Apts

CITY OF BALTIMORE: (No. Whitelock Brookfield St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Clarence Nusibaum

(Residence in Baltimore: No. Nelmar Apts St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 16, 1895
(Month) (Day) (Year)

7-AGE. 22 yrs. 4 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 1(

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Meyer Nusbaum

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Hememan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). L. Berkowitz

(Address) 722 Callow Ave

15-

Filed MAY 14 1917 191... ROBERT R. KRAUTER
Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1917, to May 13 1917, that I saw h.m alive on May 13 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Spastic Paraplegia

(Duration) 1 yrs. 6 mos. ds.

(Signed) Louis T. Hamburger M. D.

May 14, 191 7. (Address) 1207 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship DATE OF BURIAL, May 15, 1917

20-UNDERTAKER J. H. Preuss & Co ADDRESS 1611 Madison

Spec.—8-24-14—M. & T.

Spec.—8-24-14—M. & T.—2000 Pks.

D 5290

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

64 D 5290

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3614 Central Ave. ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie E. Marr.
(Residence in Baltimore: No. 3614 Central Ave. St.: 12 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Feb. (Month) 17 (Day), 1856 (Year)

7-AGE: 60 yrs. 7 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 37

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Richard Hutchins

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Mary S. Bradenbaugh

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John H. Marr
(Address) 3614 Central Ave.

15-MAY 14 1917 ROBERT B. KRAUTZ
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1917, to May 13 1917, that I saw h er alive on May 13 1917, and that death occurred, on the date stated above, at 11 35 P. m.

The CAUSE OF DEATH* was as follows:

a Cerebral Hemorrhage

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Acute Pneumonia

(Duration).....yrs. 1 mos. 1 ds.

(Signed) C. O. Davis M. D.

May 14, 1917. (Address) 800 N. 33rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Mary's Hampden — DATE OF BURIAL, May 16, 1917.

20-UNDERTAKER Horace Burgee & Son — ADDRESS 2.3 Walbrook

Spec.—8-24-14—M. & T.—2000 Bks.

D 5231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

D 5231

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3112 E Balto ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma J Wiscott

(Residence in Baltimore: No. 3112 E Balto St.; 41 yrs. 8 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Dec 6, 1875 (Month) (Day) (Year)

7-AGE, 41 yrs. 5 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): (31)

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER, J & W Wiscott

11-BIRTHPLACE OF FATHER (State or Country): Austria

12-MAIDEN NAME OF MOTHER: Georgetta Loffler

13-BIRTHPLACE OF MOTHER (State or Country): Prussia Ger

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Georgetta Wiscott
(Address) 3112 E Balto St

15-
Filed MAY 14 1917, 191.... ROBERT R. KRAUTER Registrar.
Burial Permit Issd.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1917, to May 13 1917, that I saw h[illegible] alive on May 13 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

1 Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Anemia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) John G Emmert M. D.

May 14, 1917. (Address) Fairmount & Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dalto Cemetery — DATE OF BURIAL, May 16, 191.7

20-UNDERTAKER Robt J Turner — ADDRESS 1424 Pine

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5292

CERTIFICATE OF DEATH.

71

1-PLACE OF DEATH

REGISTERED NO. C 5292

CITY OF BALTIMORE: (No. 1810 E. Biddle St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Marjorie D. Hebert

(Residence in Baltimore: No. 1810 E. Biddle St.; 2 yrs., 5 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 23, 1914
(Month) (Day) (Year)

7-AGE 2 yrs. 5 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, John A Hebert

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Mary A Joy

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Hebert

(Address) 1810 E Biddle

15-

MAY 14 1917 Filed....., 191.....

ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 12 1917, to May 13 1917, that I saw her alive on May 13 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral Congestion

(Duration) yrs. mos. 2 ds.

(Signed) William H Johnson M. D.

May 14, 191.7. (Address) 3016 Guilford Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death, ... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity

DATE OF BURIAL, May 15, 191.

20-UNDERTAKER Robt J Turner

ADDRESS 1424 Pine

D 5293

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5293

CERTIFICATE OF DEATH.

REGISTERED No. C 172

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital St. 4 WARD)
2-FULL NAME Francis Joseph Dignan
(Residence in Baltimore: No. Institution St.; yrs., 51 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male (~~Female~~) | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Not Known (Month) (Day), 1866 (Year)

7-AGE, 51 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Driver
(b) General nature of industry, business, or establishment in which employed (or employer). Gas Co

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.
10-NAME OF FATHER, John Dignan
11-BIRTHPLACE OF FATHER (State or Country), Ireland
12-MAIDEN NAME OF MOTHER Catherine Grogan
13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Morgan
(Address) 709 Roland Ave

15- MAY 14 1917 Filed, 191. ROBERT R. KRAUTER Registrar.
Burial Permit Issued

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Fract. Skull
(accidental fall)
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Pneumonia & chronic nephritis
(Duration) yrs. mos. ds.
(Signed) C. O'Reilly M. D.
May 14, 1917 (Address) 103 Lovara (Coroner.)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross | DATE OF BURIAL, May 15, 1917
20-UNDERTAKER Hoff Turner | ADDRESS May 16 1424 N Bway

Spec.—8-24-14—M. & T.—2000 Blks.

D 5291

HEALTH DEPARTMENT—CITY OF BALTIMORE

120

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew aged Home 5 REGISTERED No. C.....

CITY OF BALTIMORE: (No. 115 Ariguth St ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Goldstein

(Residence in Baltimore: No. 115 Ariguth St St.; 28 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH Unknown (Month) (Day) 1840 (Year)

7-AGE, 77 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clothing
(b) General nature of industry, business, or establishment in which employed (or employer)..... Tailor

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Moses Goldstein

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J Lewis

(Address)..... 1411 E Balto

15- Filed MAY 15 1917, 191.... MARY G. ANGELO Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1912, to May 12 1917, that I saw h alive on May 12 1917, and that death occurred, on the date stated above, at 12 30 P.M.

The CAUSE OF DEATH* was as follows:

Cellerio Sclerosis
Chronic interstitial
Nephritis (Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis
(Duration) yrs. 2 mos. ds.

(Signed) R. A. McCutchen M. D.

May 14, 191 7 (Address) 1420 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 16 yrs. mos. ds. In the State 28 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 209 Watson St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Rd DATE OF BURIAL, 5/15, 191 7

20-UNDERTAKER Jack Levis ADDRESS 1411 E Balto St

D 5295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

D 5295

PLACE OF DEATH

CITY OF BALTIMORE (No. 913 St Barnabas Ct. St.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Walter Clay.

(Residence in Baltimore: No. 913 S. Barnabas Ct St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	colored	Widower

6-DATE OF BIRTH, Apr. (Month) 9, (Day) 1877 (Year)

7-AGE, 40 yrs. 1 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER. Henry Clay.

11-BIRTHPLACE OF FATHER (State or Country), Londonderry

12-MAIDEN NAME OF MOTHER Henrietta Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Clay

(Address) 436 Monroe Valley

15-

Filed MAY 15 1917 HARRY C. ARMING

Burial Permit Issued by Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13, (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris Heart disease

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. Chas Young (Coroner) M. D.

....., 191... (Address) 710 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, May 15. 17

20-UNDERTAKER John H. Toadvine — ADDRESS 142 Wolfe St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5296

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5296

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH Womans Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Johns Lt & Lafayette Ave ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Clara Myers.

(Residence in Baltimore: No. 1532 Park Ave. St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Don't know ....., 1853
(Month) (Day) (Year)

7-AGE, 64 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Wm. H. Myers.

11-BIRTHPLACE OF FATHER (State or Country), Frederick Md.

12-MAIDEN NAME OF MOTHER Don't know.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).... Wm. J. Jean.....

(Address)..2211 Rosalyn Ave.....

15-

Filed MAY 15 1917, 191..... MARY C. ANDREWS
Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4th 1917, to May 14th 1917, that I saw her alive on May 14th 1917, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

~~Shock~~ Post Operation Shock.
Operation (Colorectostomy).
..... (Duration).....yrs.....mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma Sigmoid Colon.
..... (Duration) ? yrs. .....mos. .....ds.

(Signed) M. L. Harris M. D.

May 14, 1917. (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State 64 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1532 Park Ave.

19-PLACE OF BURIAL OR REMOVAL, Loudon Pk | DATE OF BURIAL, May 15..., 1917.

20-UNDERTAKER Wm. Cook | ADDRESS 502 E. North Ave.

D5297

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D5297

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 526 Ettelwood Lane ST.; WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth M. Bateman

(Residence in Baltimore: No. 526 Ettelwood Lane St.; 5 yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Dec. (Month) 19, (Day) 1885 (Year)

7 AGE: 31 yrs. 4 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Isaac Hess

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mary A. Miller

13 BIRTHPLACE OF MOTHER (State or country): New York.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William J. Bateman
(Address) Grand View Ave. Melvale Heights Balto Co

15.

Filed , 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 13 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1917, to May 13, 1917, that I saw h[illegible] alive on May 13, 1917, and that death occurred, on the date stated above, at 2.30 m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of the heart with Pulmonary Thrombus

(Duration) yrs. mos. 2 Hours ds

Contributory (SECONDARY) Rapid & Violent expulsion of Child at full term

(Duration) yrs. mos. ds.

(Signed) Wm. J. Pillsbury M. D.

6/5, 1917 (Address) 2801 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL ,191

20 UNDERTAKER | ADDRESS

State of Maryland } SS. Personally appeared before me D. William J.
June 7th 1917 Pillsbury & made oath to the correctness of the above certificate
[illegible]

Commission Expires May 1st 1918

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Item 17 is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5297 D 5297

CERTIFICATE OF DEATH.

139

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 E Fhelwood ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Bessie M Bateman

(Residence in Baltimore: No. 526 E Fhelwood St. 11 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Dec (Month) 19 (Day), 1884 (Year)

7-AGE, 32 yrs. 4 mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at Home
(b) General nature of Industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Isaac Hess

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary a Miller

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Scott Bateman

(Address) 526 E Fhelwood

15-

Filed MAY 15 1917 191.... HARRY C. ARNOLD Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12 1917, to May 13 1917, that I saw h[illegible] alive on May 13 1917, and that death occurred, on the date stated above, at 2.30a. m.

The CAUSE OF DEATH* was as follows: Acute Dilatation of the heart with Means Stasis of the Lungs (Duration) 7 Hours

CONTRIBUTORY (Secondary) Violent rapid expulsion of Foetus at Full Term (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) William J Pillsbury M. D.

5/14, 1917. (Address) 2801 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
New Cathedral	May 16, 191..
20-UNDERTAKER	ADDRESS
Williams & Co	5048 North

Spec.—3-24-14—M. & T.—2000 Bks.

D 5298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 5298

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1360 N Fremont Ave ST.; 15 WARD)
REGISTERED NO. C

2-FULL NAME Elis Carroll.

Residence in Baltimore: No. 1360 N Fremont Ave St.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

yrs. mos. (Male)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Sept (Month) 7 (Day), 1912 (Year)

7-AGE, ...yrs. 8 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Elis Carroll

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Jessie Grundy.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jessie Carroll

(Address) 1340 Fremont Ave.

15-

Filed MAY 15 1917 191.... MARY C. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 1917, to May 13 1917, that I saw her alive on May 13 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

(Signed) E. Williamson Tyler M. D.

May 14, 1917. (Address) 1928 Penna Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, May 15, 1917.

20-UNDERTAKER Edward Ringgold — ADDRESS 1463 W. Lexington St

D 5299

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 D 5299

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 661 Josephine ST.: 4 WARD)
2-FULL NAME William Edward Wells
(Residence in Baltimore: No. 661 Josephine St.; ...yrs., ...mos., ...ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	Colored	Single.

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 35 yrs. ...mos. ...ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boot black
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.
10-NAME OF FATHER, John W. Wells.
11-BIRTHPLACE OF FATHER (State or Country), Maryland.
12-MAIDEN NAME OF MOTHER, Mary E. Brown
13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John W. Wells
(Address) 661 Josephine St

15- Filed MAY 15 1917 1917 HARRY O. ANDREWS Burial Permit Clerk..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ...death on the day stated above.
The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Trouble
(Duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (Secondary)
(Duration) ...yrs. ...mos. ...ds.
(Signed) Albert D. Driscoll M. D.
May 13, 1917. (Coroner.) (Address) 612 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, May 15. 1917
20-UNDERTAKER Edwards B Jones — ADDRESS 2358 Pine St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 5300

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital 24 St.; WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary R Mckliguen

(Residence in Baltimore: No. 133 E Gettings St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, Nov. (Month) 15 (Day) 1873 (Year)

7-AGE, 43 yrs. 5 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 13

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.
10-NAME OF FATHER, Thomas O'Donnell
11-BIRTHPLACE OF FATHER (State or Country), Ind
12-MAIDEN NAME OF MOTHER Martha Horney
13-BIRTHPLACE OF MOTHER (State or Country), Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) R. J. Heard
(Address) L. B. Hospital

15-
Filed MAY 15 1917 191.. MARY C. ANDREWS Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7th 1917, to May 13th 1917, that I saw her alive on May 13th 1917, and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:
Carcinomas [illegible]
(Duration) 1 yrs. 6 mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
May 13, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 133 E. Gettings St

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, 5.17.17

20-UNDERTAKER Howard E Bulley — ADDRESS 438 Mondgt

D 5301

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 5301

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 120

CITY OF BALTIMORE (No. 2210 Mace St. ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J Emory

(Residence in Baltimore: No. 2210 Mace St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept 12, 1866 (Month) (Day) (Year)

7-AGE: 50 yrs. 8 mos. 1 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Gen'l Utility

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Frank Emory

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Chanty Brooks

13-BIRTHPLACE OF MOTHER (State or country): Md

14-I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Chanty Gantt

(Address) 2210 Mace St

15. Filed MAY 15 1917 191 HARRY C. ARGUS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 13th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1917, to May 13th 1917, that I saw him alive on May 12, 1917, and that death occurred, on the date stated above, at 9:25 a m.
The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(Duration) ..... yrs. 5 months ds

Contributory (SECONDARY) Hypostatic Congestion

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Robert T. Mitchell M. D.

May 14, 1917. (Address) 211 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: May 16th, 1917

20-UNDERTAKER: Harman Loveyhl — ADDRESS: 1364 Mar. St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Information is very important. See instructions on back of certificate.

D 5302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 5302

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 211 Elemont ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Randolph

(Residence in Baltimore: No. 211 Elemot St.: yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Dec. 22, 1845
(Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 700

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Randolph

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Marie Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie Randolph

(Address) 211 Elemot St

15-

Filed MAY 15 1917, 191.. HARRY C. ANDREWS Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

meant (Duration) ....yrs. ....mos. 1 ds.

(Signed) James W Kerr M. D.
(Coroner.)

May 15 191.7 (Address) 711 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 16, 19..

20-UNDERTAKER Bueger & Eichelberger

ADDRESS 114 St.

important. See instructions on back of certificate.

D 3303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanley J Robinson

(Residence in Baltimore: No. 2058 Hoffman st St. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	boy

6-DATE OF BIRTH, Jan 26 1909, 1 (Month) (Day) (Year)

7-AGE, 8 yrs. 3 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Joshua Robinson

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Maggie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Robinson

(Address) 2058 Hoffman st

15- Filed MAY 15 1917, 191... HARRY C. ANDREWS Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism accident
hit by street car

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

191... (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? Hoffman & Gay Sts

Former or usual residence 2058 E. Hoffman St

19-PLACE OF BURIAL OR REMOVAL Dallo Funeral | DATE OF BURIAL, May 15, 1917

20-UNDERTAKER Clark Sons | ADDRESS 1424 Bway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 ✓ D 5301

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 Wasson ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Phillips

(Residence in Baltimore: No. 403 Wasson St.; 20 yrs., — mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col.	married

6-DATE OF BIRTH, ... (Month) 6 (Day) ....., 1864 (Year)

7-AGE, 43 yrs. ..... mos. 6 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work 03
(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Joshua Wilson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Ellers

(Address) 403 Wasson St.

15- MAY 15 1917

Filed ....., 191.... HARRY ... M. D. Registrar

Serial Form 611

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 1917, to May 12 1917, that I saw h[illegible] alive on May 12 1917, and that death occurred, on the date stated above, at 4. P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Contributory

Pal. Hepatitis Acute

emergency

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D Stewart M. D.

May 14 1917. (Address) 202 Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem.	May 16 1917

20-UNDERTAKER	ADDRESS
Thos J. S. Locke	1302 Jefferson

24

Spec.—8-24-14—M. & T.—2000 Blks.

D 5305

HEALTH DEPARTMENT—CITY OF BALTIMORE 19

D 5305

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OR BALTIMORE: (No. 705 N.C Henery St.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Grajauskas

(Residence in Baltimore: No. 705 McHenry St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown (Month) (Day) 1899 (Year)

7-AGE, 18 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Clerk.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Vincent Grajauskas

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Anna Naujalis

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Grajauskas

(Address) 705 Mc. Henry St.

15-

Filed MAY 15 1917, 191.. HARRY C. ANDREWS Registrar.

Burial Permit Office

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 191 7, to May 13 191 7, that I saw h[illegible] alive on May 13 191 7, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. [illegible] mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) yrs. mos. ds.

(Signed) Jacob Tr. A Cot M. D.

5-15, 191 7 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem.	May, 191..
20-UNDERTAKER John Grabinske	ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 5306

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5306

CERTIFICATE OF DEATH.

19

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 S. Charles ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Foster E. Cooke

(Residence in Baltimore: No. 1604 S. Charles St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. ..... Feb. 9th, 1892
(Month) (Day) (Year)

7-AGE, 25 yrs. 3 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Steamboat

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Jon Cooke

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lelia Crowe

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. Lelia Cooke

(Address)..... West Point, Va.

15- Filed MAY 15 1917, 191 HARRY O. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1917, to May 14 1917, that I saw him alive on May 14 1917, and that death occurred, on the date stated above, at 1130 a m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) yrs. 1 mos. ds.

(Signed) Jas. A. O'Donnell M. D.

May 15th 1917. (Address) 102 E. 22nd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, West Point Va — DATE OF BURIAL, May 15th, 1917

20-UNDERTAKER John A. Inman — ADDRESS 3000 E. Balto St.

D 5307

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 ✓ D 5307

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 823 Sarah Ann ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. William Leonard

(Residence in Baltimore: No. 823 Sarah Ann St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col.	Single

6-DATE OF BIRTH, July (Month) 18 (Day), 1906 (Year)

7-AGE, 10 yrs. 9 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Leonard

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Alice Travers

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Leonard

(Address) 823 Sarah Ann

15-

Filed MAY 15 1917 191... MARY C. ANDREWS

Burial Permit Clerk (Registrar.)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ....death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Pulmonary Tuberculosis.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert L. Druehl M. D. (Coroner.)

May 10, 1917. (Address) 612 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER Commissioner Health	ADDRESS

UNIVERSITY OF MARYLAND MAY 23 1917

important. See instructions on back of certificate.

D 5308

HEALTH DEPARTMENT—CITY OF BALTIMORE

56 ✓ D 5308

B & O R.R.Co. CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH: Camp car at Riverside,

CITY OF BALTIMORE (No. Foot of Covington St. ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Javriel Marcinkavid.

(Residence in Baltimore: No. W.Barre St. St.: yrs. 1111 mos. 6 ds.)

near B. & O. Crossing

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH, Do not know., (Month) (Day) 1 (Year)

7-AGE.	If LESS than 1 day,
33 yrs. ..... mos. ..... ds.	....hrs. or....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): U.Ry & E.Co.

9-BIRTHPLACE, (State or Country), Russia.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country) Russia.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country). Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Holub.

(Address) Foot of Covington St.

15-

Filed MAY 15 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May, 7th. 1917., (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs.....mos.....ds.

(Signed) Otto M Reinhardt M. D. (Coroner.)

May, 14, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs.....mos.....ds. In the State....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND

Spec.—8-24-14—M. & T.—2000 Bks.

D 5309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-1 ✓ D 5309

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5175 S. Bentalou ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Geiss

(Residence in Baltimore: No. 5175 S. Bentalou St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 11 (Day), 1917 (Year)

7-AGE, ...yrs....mos. 1 ds. If LESS than 1 day, 23 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frederick Geiss

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Rose Beyer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed MAY 15 1917, 191.... HARRY C. ANDREWS Burial Permit Officer Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 191 7, to May 12 191 7, that I saw h.. alive on May 12 191 7, and that death occurred, on the date stated above, at 6 45 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

15 Days

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Mortimer C. Nuttall M. D.

May 12, 191 7 (Address) 2249 Kittredge

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER Commissioner Health. | ADDRESS

Per. Wm. E. WOODALL

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5310

CERTIFICATE OF DEATH.

28 ✓ D 5310

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 Jackson St. 9th WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Brown

Residence in Baltimore: No. 1207 Jackson St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Aug. 24th, 1910
(Month) (Day) (Year)

7-AGE, 6 yrs. 8 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Richard Brown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Josephine Hornby

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel L. Brown

(Address) 1207 Jackson St

15- MARY C. ANDREWS

Filed MAY 15 1917 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1916, to May 13th 1917.
that I saw h— alive on May 13th 1917.
and that death occurred, on the date stated above, at 9:30 a.m.
The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonitis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Ernest Hirsh M. D.

5/14, 191.7 (Address) 924 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Lebanon Cem

DATE OF BURIAL, May 17, 191.7

20-UNDERTAKER Samuel Carlin

ADDRESS 916 Pennsylvania Ave

U.S.A. FIFTY

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5311

CERTIFICATE OF DEATH.

D 5311

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Harford Ave. 9 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Eisenhauer

(Residence in Baltimore: No. 1618 Harford ave St.; 67 yrs. 7 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. September 27, 1849 (Month) (Day) (Year)

7-AGE. 67 yrs. 7 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. Adam Unkelbach

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs A. Schleffer

(Address) 1618 Harford Ave

15- Filed MAY 15 1917 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 15 191 7, to May 12 1917, that I saw h.. alive on May 12 191 7, and that death occurred, on the date stated above, at 10-30 PM

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Frances Dill Cassard M. D.

May 14, 191.. (Address) 416 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 16, 1917

20-UNDERTAKER Frank A Fink — ADDRESS 915 N Gay St

D 5312

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

794

D 5312

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 N. Holl St ST.: 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina M. Nolan

(Residence in Baltimore: No. 1529 N Holl St St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Nov 20, 1824 (Month) (Day) (Year)

7-AGE: 92 yrs. 5 mos. 28 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: John Shubert

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Jane Kenny

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary A Nolan

(Address) 1529 N Holl St.

15- MAY 15 1917 Filed ....., 191 HARRY C. ANDREWS Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 18 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 26, 1917, to, May 18, 1917, that I saw h.. alive on May 18th 1917, and that death occurred, on the date stated above, at 4 45 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 15 yrs. ... mos. ... ds.

Contributory (SECONDARY) Val. De Heart

(Duration) 15 yrs. ... mos. ... ds.

(Signed) E. Lennox Gilchrist M. D.

May 15, 1917 [Address] 2482 Eutaw St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: May 16, 1917

20-UNDERTAKER: Frank A. Fink ADDRESS: 915 W. Gay St

TION is very important. See instructions on back

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5313 — 81 — D 5313

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Aisquith ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo F. Frazier

(Residence in Baltimore: No. 1228 Aisquith St.; 56 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
M	White	Single

6-DATE OF BIRTH. Nov. (Month) 15 (Day), 1856 (Year)

7-AGE, 60 yrs. 5 mos. 28 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 140
(b) General nature of industry, business, or establishment in which employed (or employer)..... City Water Dept.

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Wm Frazier

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Nora O'Gorman

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Nora A. Fogarty

(Address)..... 1228 Aisquith St.

15- MAY 15 1917 HARRY C. ANDREWS

Filed....., 191.. Deputy Registrar. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1917, to May 13 1917, that I saw h[illegible] alive on May 12 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Edema of Lungs

..... (Duration) ..... yrs. ..... mos. 3 ..... ds.

(Signed) Dr. Herman Lewis M. D.

5/24, 1917 (Address) 914 E. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	May 16 1917

20-UNDERTAKER	ADDRESS
Mrs Ginnis-Carroll	608 N. Pitt.

mac

Spec.—8-24-14—M. & T.—2000 Bks.

D 5311 — 150 — D 5311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; H Ward)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Hilda Schwartz

(Residence in Baltimore: No. 6 Penn St St.; 4 yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept — (Month) (Day), 1912 (Year)

7-AGE, 7 yrs. 8 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Max Schwartz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rose Koppelwick

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Balto St

15-

Filed MAY 15 1917, 191.. MARY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30th 1917, to May 15th 1917, that I saw her alive on May 15th 1917, and that death occurred, on the date stated above, at 11.40 a.m.

The CAUSE OF DEATH* was as follows:

Transplantation of ureters into Rectum, 3 Post Operations Suppression

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. Rankin M. D.

5/15, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 16 ds. In the State 4 yrs. 8 mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence #6 Penn St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, 5/15, 1917

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto St

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 5315

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N Decker ave ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Boettinger

(Residence in Baltimore: No. 528 N Decker ave St.; ...yrs...mos...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July 28 1879 (Month) (Day) (Year)

7-AGE, 37 yrs. 9 mos. 17 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work H W
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William Boettinger

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Heneretta Crist

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Harrolg Bertram
(Address) 528 N Decker av

15-
Filed....., 191...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1916, to May 13 1917 191, that I saw her alive on May 13 1917 191, and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuburculosis

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) E. Thos. Insley M. D.

..., 191... (Address) 2938 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	May 16., 191..
20-UNDERTAKER	**ADDRESS**
Wm Cook	602 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 5316 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5316

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert H. Cook

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Jan. 20, (Month) (Day) 1899 (Year)

7-AGE, 18 yrs. 3 mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): At Home 86

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas H Cook

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Shipley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) Catonsville Md

15-

Filed MAY 15 1917, 19.. MARY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1917, to May 14 1917, that I saw h[illegible] alive on May 14 1917, and that death occurred, on the date stated above, at 7 45 P.m.

The CAUSE OF DEATH* was as follows:

Tetanus

(Following sore throat, no other entry wound could be found.) (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. Fenton Baer M. D.

5/14, 1917. (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Former Residence

Former or usual residence Catonsville Md.

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. DATE OF BURIAL, May 17, 1917

20-UNDERTAKER Joseph B Cole ADDRESS 1503 Balto St

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 5317

CERTIFICATE OF DEATH

1517

D 5317

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 133 W. 30th St.; or WARD) 12th

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George R. Green

(Residence in Baltimore: No. 133 W. 30th St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Sept 14 (Month) (Day), 1916 (Year)

7 AGE: ..... yrs. 7 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): None

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: Walter Green

11 BIRTHPLACE OF FATHER (State or country): N.C.

12 MAIDEN NAME OF MOTHER: Rebecca Und...

13 BIRTHPLACE OF MOTHER (State or country): N.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Green

(Address) 1334 W. 30th St

MAY 15 1917

Filed ....., 191.... Burial Permit Clerk

ROBERT R. KRAUTH

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 13 (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1917, to May 13 1917, that I saw h[illegible] alive on May 13, 1917, and that death occurred, on the date stated above, at 8 a. m.
The CAUSE OF DEATH* was as follows:

Thrombosis

(Duration) ..... yrs. ..... mos. Sunday ds.

Contributory (SECONDARY) Marasmus

(Duration) ..... yrs. ..... mos. indefinite ds.

(Signed) R. E. Buckingham M. D.

May 13 1917 (Address) 1136 E. 35th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: 5/18, 1917

20 UNDERTAKER: Sam. H. Chase & Son — ADDRESS: 1100 Madison Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5318

CERTIFICATE OF DEATH.

28 ✓

D 5318

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 S. Bond ST.; 3 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew J. Price

(Residence in Baltimore: No. 728 S. Bond St.; 33 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June (Month) 10 (Day), 1885 (Year)

7-AGE, 31 yrs. 11 mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. General Labor
(b) General nature of industry, business, or establishment in which employed (or employer). 40

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Adolph Price.

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER Josephine Kraus.

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm H. Hall.

(Address) 602 S. Poloman St

15- MAY 15 1917 Filed ..... 191.. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1916, to May 13, 1917, that I saw him alive on May 13, 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 9 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Isaac M. Wachs M. D.

May 14, 1917 (Address) 1807 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Sacred Heart Cem DATE OF BURIAL. May 18, 191 7

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann St

Important. See instructions on the other side before filling out any item.

D 5319

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

70 ✓

D 5319

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 519 S. Madeira St.; 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr John Kostowski

(Residence in Baltimore: No. 519 S. Madeira St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (If true the word): Married

6-DATE OF BIRTH: Unknown (Month) ..... (Day), 1870 (Year)

7-AGE: 47 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): German Poland

PARENTS

10-NAME OF FATHER: Thomas Koslowski

11-BIRTHPLACE OF FATHER (State or country): German Poland

12-MAIDEN NAME OF MOTHER: Unknown.

13-BIRTHPLACE OF MOTHER (State or country): German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amelia E Linthicum MD

(Address) 1717 N. Caroline St.

15 Filed MAY 15 1917, 191 ROBERT R. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 14th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 9th, 191 7, to May 10th 191 7, that I saw h[illegible] alive on May 10th, 191 7, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Amelia E. Linthicum M. D.

May 14th, 191 7. (Address) 1717 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State 24 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL: St. Stanislaus. DATE OF BURIAL: May 16th, 191 7.

20-UNDERTAKER: M. F. Sadowski. ADDRESS: 705 S. Ann St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—4-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5320

CERTIFICATE OF DEATH.

120 D 5320

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 Stockton St.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Watkins

(Residence in Baltimore: No. 1133 Stockton St.; 16 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
37 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General Work

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Watkins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susie Grey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen Wallace

(Address) 1314 Goodyear st

15- Filed MAY 15 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/5, 1917, to 5/14 1917, that I saw h.... alive on 5/14 1917, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

Acute uremia

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Ben Roberts M. D.

5/15, 1917. (Address) 2132 Druid Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Hill Park	May 16, 1917
20-UNDERTAKER Edward Ringgold & Co	ADDRESS 1463 1/2 Cary

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 5321 — 150 — B 5321

REGISTERED No. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)
2-FULL NAME John Zink
(Residence in Baltimore: No. 324 E. 26th St. St.; ....yrs. ....mos. ....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single
6-DATE OF BIRTH, May 1, 1917 (Month) (Day) (Year)
7-AGE, 11 yrs. 11 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.
8-OCCUPATION: (a) Trade, profession, or particular kind of work. None (b) General nature of industry, business, or establishment in which employed (or employer). "
9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William T. Zink
11-BIRTHPLACE OF FATHER (State or Country), Md.
12-MAIDEN NAME OF MOTHER Bertha Phillips
13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mercy Hosp.
(Address) Calvert St.

15- MAY 15 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917 to May 15 1917, that I saw him alive on May 15 1917, and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows:
Edema Diffuse Due to Hydro-
Cephalus
(Duration) yrs. 1 mos. 14 ds.
CONTRIBUTORY (Secondary) Malnutrition
(Duration) yrs. mos. 10 ds.

(Signed) Chas. H. Smith M. D.
May 15, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 14 ds. In the State ....yrs. ....mos. 14 ds.
Where was disease contracted, if not at place of death? Mercy Hosp.
Former or usual residence Mercy Hosp.

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, May 16, 1917.
20-UNDERTAKER Mac Cook ADDRESS 55 Mott Ave.

Important: See instructions on reverse side.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore Dry Docks & Ship Bldg Co. REGISTERED No. C

CITY OF BALTIMORE (No. Foot of Cross St. St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F.Reese.

(Residence in Baltimore: No. 608 E.Clement St. St.; Yrs. 50 Mos. 4 Ds. 11)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White.	Married.

6-DATE OF BIRTH, January 2nd. 1867., 1
(Month) (Day) (Year)

7-AGE, 50 yrs. 4 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Watchman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, David Reese.

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Matilda Victor.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
David E.Reese.son.
(Informant).....
(Address).....608 E.Clement St.

15- MAY 15 1917 ROBERT R. KRAUTER
Filed....., 191..... Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13th.1917., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

May.14,1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cem. A R C.	May 16, 1917
20-UNDERTAKER M. L. Flynn	ADDRESS 1422 Light

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5323 — 120 — D 5323

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1533 Linden Ave St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen A. Ewing

(Residence in Baltimore: No. 1533 Linden Ave St.; 1 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH Jan 28th, 1860 (Month) (Day) (Year)

7-AGE, 57 yrs. 3 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York City

PARENTS.

10-NAME OF FATHER, John D. Larkin

11-BIRTHPLACE OF FATHER (State or Country), Trenton N.J.

12-MAIDEN NAME OF MOTHER Ann Larkin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Ewing

(Address) 1533 Linden Ave

15-MAY 15 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

Burial Permit Oct

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15th, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 10th 1917, to May 13th 1917, that I saw h[illegible] alive on May 13th 1917, and that death occurred, on the date stated above, at 5:05 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Mitral Regurgitation Caused
Cholelithiasis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

(Signed) J. B. Culbertson M. D.

May 16, 1917. (Address) 1533 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	May 16, 1917
20-UNDERTAKER M. D. Flynn	ADDRESS 1425 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 5321

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1041 Mc Donogh ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary K. Manner

(Residence in Baltimore: No. 1041 Mc Donogh St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Oct 14, 1843 (Month) (Day) (Year)

7-AGE, 73 yrs. 7 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, George Kellerman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cecelia Flynn

(Address) 1041 Mc Donogh

15- Filed MAY 15 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 10th 1915, to May 14th 1917, that I saw her alive on May 13th 1917, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Hilard B. Ginsburg M. D.

5/14/, 1917. (Address) 1041 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 16, 1917.

20-UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5325

CERTIFICATE OF DEATH.

D 5325

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 E. Fairmount St., Ward) 6

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Townsend (Child)

(Residence in Baltimore: No. 1908 E. Fairmount St.; ....yrs., ...mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 13 (Day) 1917 (Year)

7-AGE, ...yrs. ....mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Townsend

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Susie Wolfe

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Townsend

(Address) 1908 E. Fairmount

15- Filed MAY 15 1917, 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 191..., to May 15 191..., that I saw h... alive on ....191..., and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

Premature birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) ....M. D.

...., 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	....., 191...
20-UNDERTAKER William Cook	ADDRESS 5076 North

D 5326

HEALTH DEPARTMENT--CITY OF BALTIMORE

64 ✓ D 5326

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 940 Harlem Av. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William H. Horney

(Residence in Baltimore: No. 940 Harlem Av St.; 61 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: August 12, 1855 (Month) (Day) (Year)

7 AGE: 61 yrs. 9 mos. 2 ds. — If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Oyster Packer
(b) General nature of industry, business, or establishment in which employed (or employer): 049

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thomas Horney

11 BIRTHPLACE OF FATHER (State or country): Talbot Co. Md

12 MAIDEN NAME OF MOTHER: Jane Sheldon

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mathew Horney

(Address) 940 Harlem Av

15 MAY 15 1917 Filed ....., 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May. 14, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May. 9, 1917, to. May 14 1917, that I saw him alive on May 14, 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Cystitis

(Duration) ..... yrs. ..... mos. 5 ds

(Signed) Robert E Blake M. D.

May 15, 1917 (Address) 1014 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: May 17, 1917

20 UNDERTAKER: Geo W Little — ADDRESS: 531 N Fremont Av

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5327. HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 5327

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 N. Milton Ave ST.; 9 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Rebhan

(Residence in Baltimore: No. 1131 N. Milton Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Child

6-DATE OF BIRTH, July (Month) 27 (Day) 1909 (Year)

7-AGE,	If LESS than 1 day,
7 yrs. 9 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 800

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Frederick Rebhan

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Mary E. King

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Rebhan

(Address) 1131 N. Milton Ave.

15- MAY 15 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1917, to May 15 1917, that I saw h[illegible] alive on May 15 1917, and that death occurred, on the date stated above, at 11.30 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

.....(Duration)....yrs....mos.... all 3 days ds.

CONTRIBUTORY (Secondary) Paralysis of Heart

.....(Duration)....yrs....mos....ds.

(Signed) Geo. D. Fleming M. D.

May 15, 1917. (Address) 1531 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer.	May 16, 1917.
20-UNDERTAKER	ADDRESS
Wendell Dippel & Son	37 S. Conn Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 5328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 | D 5328

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 W. Hill ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Reginald Rainey

(Residence in Baltimore: No. 124 W. Hill St.; — yrs., 3 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, February, 15, 1917
(Month) (Day) (Year)

7-AGE, — yrs. 3 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel Rainey

11-BIRTHPLACE OF FATHER (State or Country), South Carolina

12-MAIDEN NAME OF MOTHER Harriett Daniel

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriett Rainey

(Address) 124 W. Hill

15- Filed MAY 16 1917, 191.. HARRY C. ARCHER Clerk.
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May, 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14, 1917, to May, 15, 1917, that I saw him alive on May, 14, 1917, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Acute Bronchio Pneumonia

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) David Brandin M. D.

5/15/, 191.7 (Address) 122 W Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn St	May 16, 1917
20-UNDERTAKER	**ADDRESS**
J. L. Brown & Son	1 W Monroe St

Spec.—8-24-14—M. & T.—2000 Blks.

D 5329

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5329

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Moore

(Residence in Baltimore: No. 1444 Covington St St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day) (Year)

7-AGE, 28 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- MAY 16 1917 HARRY C. ANDREWS

Filed MAY 16 1917 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 1917, to May 15 1917, that I saw h[illegible] alive on May 15 1917, and that death occurred, on the date stated above, at 1[illegible] p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis Acute Alcoholism

(Duration) yrs. 3 mos. ds.

(Signed) J. Edward Young M. D.

May 15, 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1444 Covington St

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem DATE OF BURIAL, May 18, 1917.

20-UNDERTAKER Wm Loake ADDRESS 502 E Monto

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5330

CERTIFICATE OF DEATH.

108 ✓ D 5330

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 St. Joseph Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Klamberg

(Residence in Baltimore: No. 2614 E Monument St.; 48 yrs., 2 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Feb 22nd, 1869 (Month) (Day) (Year)

7-AGE: 48 yrs. 2 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Insurance 072
(b) General nature of industry, business, or establishment in which employed (or employer): Collector

9-BIRTHPLACE, (State or Country): City

PARENTS.

10-NAME OF FATHER: Henry F Klamberg

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Klamberg

(Address) 2614 E Monument St

15-

Filed MAY 16 1917 191.... HARRY C. [illegible] Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1917, to May 13 1917, that I saw him alive on May 13 1917, and that death occurred, on the date stated above, at 7.45 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ....yrs....mos. 1 ds.

CONTRIBUTORY (Secondary) General Tuberculosis England

Appendicitis (Duration) ....yrs. 9 mos. 17 ds.

(Signed) R. T. Abnett M. D.

May 13., 191.7. (Address) St. Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 17 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? At 2614 E Monument

Former or usual residence 2614 E Monument St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Schwartz Cem	May 16 191.7.
20-UNDERTAKER Philip Henry	ADDRESS 2016 Aisquith

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5331

CERTIFICATE OF DEATH.

29 D 5331

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1409 W. Eldery ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dollie Taylor

Residence in Baltimore: No. 1409 W. Eldery St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colord	Widow

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 70 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General H. Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Colin Gray

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Taylor

(Address) 1409 W. Eldery

15- MAY 16 1917 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8 191 , to May 15 191 , that I saw h[illegible] alive on May 15 191 , and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Complications

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

May 15, 191.. (Address) 20 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery | DATE OF BURIAL, May 18, 191..

20-UNDERTAKER [illegible] | ADDRESS 1405 W. Eldery St

Important. See instructions on back of certificate.

D 5332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103 D 5332

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 917 Harlem Ave. ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda E. Watts

(Residence in Baltimore: No. 917 Harlem Ave St.; yrs., 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, March (Month) 7 (Day), 1846 (Year)

7-AGE, 71 yrs. 7 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dom.
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country) Carroll Co. Md.

PARENTS.

10-NAME OF FATHER, Levi Hinkwood

11-BIRTHPLACE OF FATHER (State or Country), Penn.

12-MAIDEN NAME OF MOTHER Maria Frick

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cosbury Watts.

(Address) 917 Harlem Ave

15-

Filed..... 191... HARRY C. ANDREWS... Registrar.

MAY 16 1917 Burial Permit Obtd

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) None

(Duration).....yrs.....mos.....ds.

(Signed) H. Eastman M. D.
(Coroner.)

May 16 1917 (Address) 912 Eq. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, May 17 1917

20-UNDERTAKER Geo. D. Schnabel & Bro. — ADDRESS 201 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 5333 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5333

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Jos. Hosp. REGISTERED NO. C 8 170

CITY OF BALTIMORE: (No. ..... ST.: ..... WARD)

2-FULL NAME Wm. Chase (Chase)

(Residence in Baltimore: No. 2010 E Hoffman St. 40 yrs., ... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Mar 6 (Month), ... (Day), 1843 (Year)

7-AGE, 74 yrs. 2 mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Steward
(b) General nature of industry, business, or establishment in which employed (or employer) ..... on Steam Ship

9-BIRTHPLACE, (State or Country) Augusta Maine

PARENTS.

10-NAME OF FATHER, Lemuel Chase

11-BIRTHPLACE OF FATHER (State or Country) Hanover Maine

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Maine

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G Rapp

(Address) 160 E N Ave

15- MAY 16 1917 Filed. ..... 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12 1917 to May 15 1917, that I saw him alive on May 15 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Interstitial Nephritis

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Oxford Comp

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Thos. G. Ward M. D.

....., 191... (Address) 2E Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State 40 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Dont Know

Former or usual residence 2010 E Hoffman St.

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Dallas Tenting	May 16 1917
20-UNDERTAKER	ADDRESS
Robt J Smith	1424 Bway

Spec.—8-24-14—M. & T.—2000 Blks.

D 5334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15

D 5334

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maternity Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Lang

(Residence in Baltimore: No. Maternity Hospital yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Single

6-DATE OF BIRTH, May 15, 1917 (Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 11 hrs. 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edwin J Lang

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Roland E. Webster

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin J Lang

(Address)

15- MARY C. MATHEWS Burial Permit Clerk

Filed MAY 16 1917 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to May 16 1917 that I saw her alive on May 15 1917, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) yrs. mos. ds.

(Signed) D. C. Warner M. D.

May 15, 1917 (Address) Maternity Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, May 17, 1917.

20-UNDERTAKER W. J. Jackson & Sons ADDRESS Woodlawn Cem

D 5335

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 ✓

D 5335

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1708 Rutland av. ~~St.~~ 8 — WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Infant of Joseph R. + Grace Hales

Residence in Baltimore: No. 1708 Rutland av.

~~Six~~ yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May (Month) 15 (Day), 1917 (Year)

7 AGE: — yrs. — mos. — ds. If LESS than 1 day 3½ hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9 BIRTHPLACE (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Joseph R. Hales

11 BIRTHPLACE OF FATHER (State or country) Somerset Co., Md.

12 MAIDEN NAME OF MOTHER Grace Norwood

13 BIRTHPLACE OF MOTHER (State or country) New Orleans, La.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph R. Hales

(Address) 1708 Rutland av.

15 Filed MAY 16 1917, 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 15 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1917, to May 15, 1917, that I saw her alive on May 15, 1917, and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth at 6 months

(Duration) 3 ½ hrs.

Contributory (SECONDARY) —

(Duration) yrs. mos. ds.

(Signed), Edwin B. Fenby, M. D.

May 16, 1917 (Address) 1223 N. Carolina st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: May 16, 1917

20 UNDERTAKER: Henry Lutz — ADDRESS: 1007 N Bond st

N. B.—In order that a CERTIFICATE OF DEATH may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5336 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 5336

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 432 N. Highland St. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Whitelock

(Residence in Baltimore: No. 432 N. Highland St.

St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	M

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 68 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) Gen

9-BIRTHPLACE, (State or Country), —

PARENTS.

10-NAME OF FATHER, —

11-BIRTHPLACE OF FATHER (State or Country). —

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed MAY 16 1917 101..... HARRY O. ANDREWS Burial Permit Clerk Registrar.

CAUSE OF DEATH. In plain terms, so that it may be important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

.....

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....

(Duration) .....yrs. .....mos. .....ds.

(Signed) .....M. D.
(Coroner.)

May 15, 1917. (Address) 1639 Bonaparte

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND	....., 19....
20-UNDERTAKER Commissioner Health.	ADDRESS

Per. Wm. E. WOODALL

D 5337.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

130 D 5337.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 42 E.York St. ST.: 27 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Loving.

(Residence in Baltimore: No. 42 E.York St. St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	White.	Widower.

6-DATE OF BIRTH, Do not know. (Month) , 1 (Day) (Year)

7-AGE. 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer on
(b) General nature of industry, business, or establishment in which employed (or employer): Farm.

027 040

9-BIRTHPLACE, (State or Country). Richmond Va.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country) Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bart Fahey.

(Address) 42 E.York St.

15- Filed MAY 16 1917, 191.... HARRY C. [illegible] Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7th. 1917. (Month) (Day) , 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M Reinhardt (Coroner) M. D.

May. 14. 1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
PUBLIC CEMETERY	MAY 16 1917
20-UNDERTAKER Commissioner Health	ADDRESS

CAUSE OF DEATH must be plainly written. All items important. See instructions on back of certificate.

Morbus

Spec.—8-24-14—M. N. T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5338

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

50

D 5338

REGISTERED NO. C

CITY OF BALTIMORE: (No. 816 S. Streeper ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M. Cunningham

Residence in Baltimore: No. 816 S. Streeper St.; 32 yrs., 8 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. 2 (Month) (Day), 1884 (Year)

7-AGE, 32 yrs. 8 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer of 030
(b) General nature of industry, business, or establishment in which employed (or employer): Pile Driver

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jas. M. Cunningham

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), U. S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Cunningham

(Address) 816 S. Streeper St.

15-

Filed MAY 16 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 12 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1917, to May 12 1917, that I saw him alive on ,, 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. 1 mos. 24 ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) yrs. 8 mos. ds.

(Signed) A. C. Bedell M. D.

4/16, 1917. (Address) 2600 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Balto. Cemetery

DATE OF BURIAL, May 16, 1917.

20-UNDERTAKER Libby-Zeller

ADDRESS 405 S. Wolfe St

Important: See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5339 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

150 D 5339

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 N. Washington ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Frederick W. & Catherine Wirgend.

(Residence in Baltimore: No. 914 N. Washington St.; ....yrs.,....mos.....ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 16 (Month) 17 (Day), 1 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frederick W. Wirgent

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Catharine Eberwine

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred W. Wirgent

(Address) 914 N. Washington St

15-

Filed MAY 16 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 16 1917, to May 16 1917, that I saw h[illegible] alive on May 16 1917, and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:

Congenital Malformation

(a) .....

(b) Premature Birth

(c) .....

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) C. L. Meyer M.D.

May 16, 1917 (Address) 201 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Repose Cemetery	May 16, 1917

20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson St

Imperfect. See instructions on page 2 of this book.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 5340

1-PLACE OF DEATH: CITY OF BALTIMORE (No. 1815 N. Dallas St.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Sarah A. Lockstampfor

(Residence in Baltimore: No. 1815 N. Dallas St.; 2 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January 7th, 1882 (Month) (Day) (Year)

7-AGE: 35 yrs. 4 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housewife. (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Frank A. King

11-BIRTHPLACE OF FATHER (State or Country): Balto. Md

12-MAIDEN NAME OF MOTHER: Mary E. Wayne

13-BIRTHPLACE OF MOTHER (State or Country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Hattie Lockstampfor

(Address): 1815 N. Dallas St.

15- Filed MAY 16 1917, 191.. ROBERT E. KRAETZER HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 14th (Month) (Day), 1917 (Year).

17-I HEREBY CERTIFY, That I attended deceased from January 5th, 191.. to May 14th, 191.. ; that I saw h.. Last alive on May 14th, 191.. ; and that death occurred, on the date stated above, at 11-50 P. m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Louis H. A. Meyer M. D.

May 15th, 191.. (Address) 1031 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	May 17th, 191..
20-UNDERTAKER: Wm Cook	ADDRESS: 502 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5341
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

50 D 5341
REGISTERED No. C.....

CITY OF BALTIMORE: (No. 3032 Dillon ST.; 1 WARD)

2-FULL NAME Samuel Stallings

(Residence in Baltimore: No. 3032 Dillon St. St.; ....yrs.,....mos.....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Oct. (Month) 2 (Day), 1845 (Year)

7-AGE,	If LESS than 1 day,
71 yrs. 7 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Millman (Cut Keeping)

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Samuel Stalling, Sr.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. James Stallings

(Address) 3032 Dillon St.

15- MAY 16 1917

Filed....., 191... ROBERT B. KRAUTER... Registrar.

Burial Permit Clerk

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1917, to May 14, 1917, that I saw h.. alive on May 13th 1917, and that death occurred, on the date stated above, at 4.45 A.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

about (Duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) David W. Jones M. D.

5/15, 191 7 (Address) 1012 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cemetery — DATE OF BURIAL, May 17, 1917

20-UNDERTAKER Zirkler + Zirkler — ADDRESS 1734 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

Viola Cooper

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5342

28 D 5342

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 N. Wolfe ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola Cooper

(Residence in Baltimore: No. 816 N. Wolfe St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col. A. E.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH: June 17, 1887 (Month) (Day) (Year)

7-AGE: 29 yrs. 10 mos. 28 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Thos. H. Smith

11-BIRTHPLACE OF FATHER (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Maggie Hamilton

13-BIRTHPLACE OF MOTHER (State or Country): Va.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. H. Smith

(Address) 816 N. Wolfe St.

15- Filed MAY 16 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit No. ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1917, to May 15 1917, that I saw her alive on May 14, 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) ... yrs. 10 mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ... yrs. 2 mos. ... ds.

(Signed) J. H. Stevenson M. D.

May 16 1917 (Address) 1520 Monument St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery DATE OF BURIAL, May 17th 1917

20-UNDERTAKER: Chas G Bailey ADDRESS 1711 Eutaw St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 5343

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 623 St. Paul ST. West H WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Victoria Albert Coburg Savage Jewett

(Residence in Baltimore: No. 623 St. Paul Street St.; ... yrs., 3 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, May 1, 1843 (Month) (Day) (Year) 1843

7-AGE, 74 yrs. 0 mos. 3 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... None
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Halifax County, North Carolina

PARENTS.

10-NAME OF FATHER, John Tryor Savage

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Julia Pocahontas Brewer Drew

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Randolph Jewett

(Address) 623 St. Paul Street

15-

Filed MAY 16 1917 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25 1917, to May 14th 1917, that I saw h[illegible] alive on May 14 1917, and that death occurred, on the date stated above, at 12:20 P.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia, Chronic

(Duration) ... yrs. 2 mos. ... ds.

(Signed) Chas. L. Mitchell M. D.

Md. May 14, 1917. (Address) 6 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, 5-17..., 1917

20-UNDERTAKER Henry W. Jenkins & Son Co

ADDRESS Orchard and McCulloh

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X97 D 5344

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. New Howard Hotel ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Mon Quay

(Residence in Baltimore: No. New Howard Hotel St.; ....yrs., ...mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec. (Month) 17 (Day), 1869 (Year)

7-AGE, 47 yrs. 5 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman 66
(b) General nature of industry, business, or establishment in which employed (or employer)..... Shirt Comfy

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), Mrs J. M. Quay

(Address), Richmond Va

15- Filed MAY 16 1917, 191... ROBERT R. KRAUSE Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to May 16th 1917, that I saw h im alive on May 16 1917, and that death occurred, on the date stated above, at 2.0 p.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration)....yrs....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) W K Jarvis M. D.

May 16 1917. (Address) H. J. W. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. 6 ds.

Where was disease contracted, if not at place of death? Baltimor Md

Former or usual residence Richmond Va

19-PLACE OF BURIAL OR REMOVAL, Richmond Va — DATE OF BURIAL, May 17, 191...

20-UNDERTAKER Stewart & Howen Co — ADDRESS, 108 W North

Important. See instructions on back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 5345

CERTIFICATE OF DEATH.

93 D 5345

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 N Calvert ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria A. Mattingly

(Residence in Baltimore: No. 937 N. Calvert St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July 25 (Month) (Day), 1857 (Year)

7-AGE 65 yrs. 9 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Work (37

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo W. Goddard

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Ware

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) O. G. Mattingly

(Address) 1947 N. Calvert St.

15- Filed MAY 16 1917 191.... ROBERT R. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8 1917, to May 16 1917, that I saw her alive on May 15 1917, and that death occurred, on the date stated above, at 4.05 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia Following

Pleurisy

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Edema of Lungs Arteriosclerosis

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Stewart M. C. Parker M. D.

May 16, 1917. (Address) 1114 Hartford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Morgan a St May Co DATE OF BURIAL, May 17 1917.

20-UNDERTAKER, H. C. Riedefeld ADDRESS 914 Gwynn Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5346

CERTIFICATE OF DEATH.

X 1 D 5346

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Archie Harrington

(Residence in Baltimore: No. 411 Druid Hill Ave St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Aug 4th (Month) (Day), 1897 (Year)

7-AGE. 19 yrs. 9 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer). General 040

9-BIRTHPLACE, (State or Country). Cameron, N. C.

PARENTS.

10-NAME OF FATHER. Irvin Harrington

11-BIRTHPLACE OF FATHER (State or Country). Not known

12-MAIDEN NAME OF MOTHER. Lula Harrington

13-BIRTHPLACE OF MOTHER (State or Country). N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Harrington

(Address) 211 Division St.

15- Filed MAY 16 1917 191 ROBERT R. KRAUTHOFF Burial Permit Clerk

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5th 1917, to May 16 1917, that I saw h[illegible] alive on May 16th 1917, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 31 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry T. Brown M. D.

5/16/, 1917. (Address) 1501 Pressstoman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. 6 mos. [illegible] ds.

Where was disease contracted, if not at place of death? Catonsville, Md

Former or usual residence 411 Druid Hill Ave.

19-PLACE OF BURIAL OR REMOVAL, Cameron, N. Carolina. DATE OF BURIAL, May 17 1917

20-UNDERTAKER Wm. Hoff. A. Elliott. ADDRESS 506 East St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5347.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 D 5347

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Biedler Sellman Sonitorium. 16 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Falter Jr.

(Residence in Baltimore: No. 1717 Mosher St. St.; Lifetime, yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May 25th., 1892
(Month) (Day) (Year)

7-AGE. 34 yrs. 11 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Candy 066
(b) General nature of industry, business, or establishment in which employed (or employer): Salesman.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo.J. Falter,

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Mary R. Reith.

13-BIRTHPLACE OF MOTHER (State or Country), Benna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Geo. J. Falter.
(Address) 1717 Mosher St.

15- MAY 16 1917 ROBERT B. KRAUTER
Filed....., 191... Burial Permit Clerk.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH May 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1917 to May 16 1917, that I saw h[illegible] alive on May 16 1917, and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonitis

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Jno L. Fetherolf M. D.

May 16, 191 7 (Address) 1047 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State 5 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 179 W Mosher St

Former or usual residence #1717 W Mosher St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem	5/17, 191..
20-UNDERTAKER	ADDRESS
Chas J. Cowe & Son	1118 Mt. Royal Ave

Spec.—8-24-14—M. & T.—2000 Eks.

Ida L. Seipp

D 5348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 5348

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Carrol ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida L. Seipp

(Residence in Baltimore: No. 1131 Carrol St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 11 (Day), 1884 (Year)

7-AGE, 32 yrs. 11 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Adam Einwechter

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Louisa Brown

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Henry A. Seipp

(Address)..... 1131 Carroll St

15- Filed MAY 16 1917, 191.. ROBERT R. KRAUTER City Registrar.

Burial Permit Issued

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 16 1917, to May 15 1917, that I saw her alive on May 15 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis Disease

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ....yrs. ....mos. 15 ds.

(Signed) Joseph T. Herman M. D.

May 16, 1917. (Address) 1621 E. Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cem	May 18 1917
20-UNDERTAKER	**ADDRESS**
W. J. Tucker	North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5349

CERTIFICATE OF DEATH.

28 D 5349

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 E. Lexington ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Franklin

(Residence in Baltimore: No. 1128 Lexington St.; Lifel Yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, January (Month) 2 (Day), 1876 (Year)

7-AGE, 41 yrs. 4 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Restaurant

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Jas Franklin

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emma Bryan

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Franklin

(Address) 1128 Lexington St.

15-

Filed MAY 17 1917 191... HARRY O. ANDREWS Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1 1917, to May 14 1917, that I saw h— alive on May 14 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(Duration) yrs. mos.

(Signed) Walter W. Custer M.D.

May 15, 1917 (Address) 1101 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem — DATE OF BURIAL, 5/17, 1917

20-UNDERTAKER Samuel T. Hemsley — ADDRESS 578 N Eddle

important. See instructions on back of certificate.

D 5350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169

REGISTERED No. D 5350

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Key Highway & Hughes St. St. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James Summerville.(C)

(Residence in Baltimore: No. 1112 Olive St. St.; yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single.

6-DATE OF BIRTH, Do not know. (Month) , / (Day) (Year)

7-AGE, 11 yrs. -- mos. -- ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Baker Summerville.(C)

11-BIRTHPLACE OF FATHER, (State or Country) Maryland.

12-MAIDEN NAME OF MOTHER, Fannie Fields.(C)

13-BIRTHPLACE OF MOTHER, (State or Country) Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Fannie Fields.(C) Aunt.

(Address) 1112 Olive St.

15- HARRY C. BARNES
Filed MAY 17 1917 191... Burial Permit Clerk
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. All items important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14th. 1917. (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
May, 16, 1917. (Coroner)
191... (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, May, 19..17

20-UNDERTAKER Samuel J. Kenasky — ADDRESS 5 E. W. St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5351 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5351

CERTIFICATE OF DEATH.

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1833 Lorman St.; 15 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank. Rozzel (Rozzel)

(Residence in Baltimore: No. 1833 Lorman av St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ....., 1886 (Day) (Year)

7-AGE, 31 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Minor Rozzel

11-BIRTHPLACE OF FATHER (State or Country). N. C.

12-MAIDEN NAME OF MOTHER Elyia McLeod

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minor Rozzel

(Address) 1833 Lorman St

15- MAY 17 1917

Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 12 1917, to May 14 1917, that I saw him alive on May 14 1917, and that death occurred, on the date stated above, at 3:15 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

5 B

(Duration) yrs. 6 mos. 4 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. 6 mos. 4 ds.

(Signed) L. W. Kennard M. D.

May 16, 1917. (Address) 748 Easton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	May 17, 1914
20-UNDERTAKER	ADDRESS
Joseph E. Ford	1319 Druid

Spmc.—8-24-14—M. & T.—2000 Bks.

D 5352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 5352

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2535 Fait ave ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Smith

(Residence in Baltimore: No. 2535 Fait ave St.; 65 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Feb (Month) 13 (Day), 1852 (Year)

7-AGE, 45 yrs. 3 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Ship 15
(b) General nature of industry, business, or establishment in which employed (or employer)..... Carpenter

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Richard Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Ellen Rashields

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).... Sophia Smith

(Address) 2535 Fait Ave

15-

Filed MAY 17 1917 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1st 1917, to May 15th 1917, that I saw h/m alive on May 15th 1917, and that death occurred, on the date stated above, at 9:45 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) yrs. 2 mos. 15 ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. ..... mos. ..... ds.

(Signed) C. A. Abbey M. D.

May 16 1917 (Address) 1005 S. Patterson Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	May 18 1917.
20-UNDERTAKER H. Sander & Sons	ADDRESS 1710 Fleet St

Spec.—5-19-13—M. & T.—500 Bks.

D 5353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 5353

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 N Arlington ave ST.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Hartman

(Residence in Baltimore: No. 530 N Arlington ave St.; 50 yrs., 6 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 27 (Day), 1866 (Year)

7-AGE, 50 yrs. 6 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hotel Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Nicholas Hartman

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Matilda Legg

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Hartman

(Address) 530 N. arlington St.

15-

Filed MAY 17 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Ord

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1917, to May 14 1917, that I saw h[illegible] alive on May 14 1917, and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

(Signed) L. M. Lampert M. D.

May 15, 191.7 (Address) 826 N. Arlington ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence —.

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. DATE OF BURIAL, May 17, 191.7

20-UNDERTAKER M. J. Flynn ADDRESS 1433 Light

important. See instructions on back of certificate.

Spec.—8.24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5354

CERTIFICATE OF DEATH.

28 D 5354

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Church Ct. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel F. Ashe

(Residence in Baltimore: No. 910 Church Ct. St.; 48 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1869 (Year)

7-AGE, 48 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or Country), Wilkesbury

PARENTS.

10-NAME OF FATHER, Thomas Ashe

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER, Elizabeth Kraft

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. D. F. Ashe

(Address) 910 Church Ct.

15- Filed MAY 17 1917 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 29 1916, to May 16 1917, that I saw him alive on May 13 1917, and that death occurred, on the date stated above, at 11 Am. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. E. Burton M. D.

May 16, 1917 (Address) 762 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westen Cem. DATE OF BURIAL, May 16, 1917

20-UNDERTAKER Daniel Eagler ADDRESS 916 Penna ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5355

CERTIFICATE OF DEATH.

64 D 5355

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 George ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lavinia Washington

(Residence in Baltimore: No. 825 George St. St.; 26 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1880
(Month) (Day) (Year)

7-AGE, 37 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Home work

9-BIRTHPLACE, (State or Country), Washington D. C.

PARENTS.

10-NAME OF FATHER, Roger Grant

11-BIRTHPLACE OF FATHER (State or Country) Washington D. C.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Washington D C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gabriel Washington

(Address) 825 George St.

15- Filed MAY 17 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15, 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 20 1917, to May 15 1917, that I saw her alive on May 14 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Paralysis (Cerebral Hemorrhage)

(Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) R. Grant Schmidt M. D.

May 16, 1917. (Address) 1534 U St. N W

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Zion — DATE OF BURIAL, May 18, 1917.

20-UNDERTAKER, Daniel Easton — ADDRESS 916 Penna Ave

important. See instructions on back of certificate.

D 5356 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5356

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2240 Mura st St.; 6 WARD) REGISTERED No. C 69

2-FULL NAME Mary Scheeler

(Residence in Baltimore: No. 2240 Mura st St.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
female	white	Married

6-DATE OF BIRTH, July 16 1867, 1 (Month) (Day) (Year)

7-AGE, 49 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... H W 037

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Philip Gelser

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Fred Scheeler
(Address) 2240 Mura st

15-
Filed MAY 17 1917 191... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy (for years) C.B.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wm. Inslee M. D. (Coroner.)

May 15 1917 (Address) N. E. Dist.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemy — DATE OF BURIAL, May 18, 19..

20-UNDERTAKER Albert L Fowler — ADDRESS 221 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5357

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

D 5357

REGISTERED NO. C

CITY OF BALTIMORE: (No. 610 School St ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Allen

(Residence in Baltimore: No. 610 School St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Colord

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 57 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) housework

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Williams

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lelia Scott

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Mason

(Address) 610 School St

15-

Filed MAY 17 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5/15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/4 191.., to 5/15 191.., that I saw h.. alive on 5/15 191.., and that death occurred, on the date stated above, at 9 05 A m.

The CAUSE OF DEATH* was as follows:

Cerebro Thrombosis

Pneumonia

..... (Duration) yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) yrs. ..... mos. 3 ds.

(Signed) B. McKenzie M. D.

5/15, 191.. (Address) 1134 W Mulberry St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn Cemetery — DATE OF BURIAL, May 17..., 1917.

20-UNDERTAKER Johnett Fookwin — ADDRESS 1142 N Hill St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Omit terms of doubt or ignorance. Each statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5358

CERTIFICATE OF DEATH.

62 D 5358

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 N. Spring St.; 10 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John James L. Johnson

(Residence in Baltimore: No. 825 N. Spring St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	a. G.	Married

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, ...20....yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Odd

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, D. L. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Margaret Johnson

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Johnson

(Address) 825 N. Spring ave

15- Filed MAY 17 1917, 191.... HARRY C. ANDREWS Burial Permit Officer Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 13 1917, to May 15 1917, that I saw him alive on May 15, 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Tabes Dorsalis

.....

.....

.....

.....(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary T. Spine

.....(Duration) 1 yrs. ....mos. ....ds.

(Signed) D. L. Johnson M. D.

May 17, 1917 (Address) 1520 Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

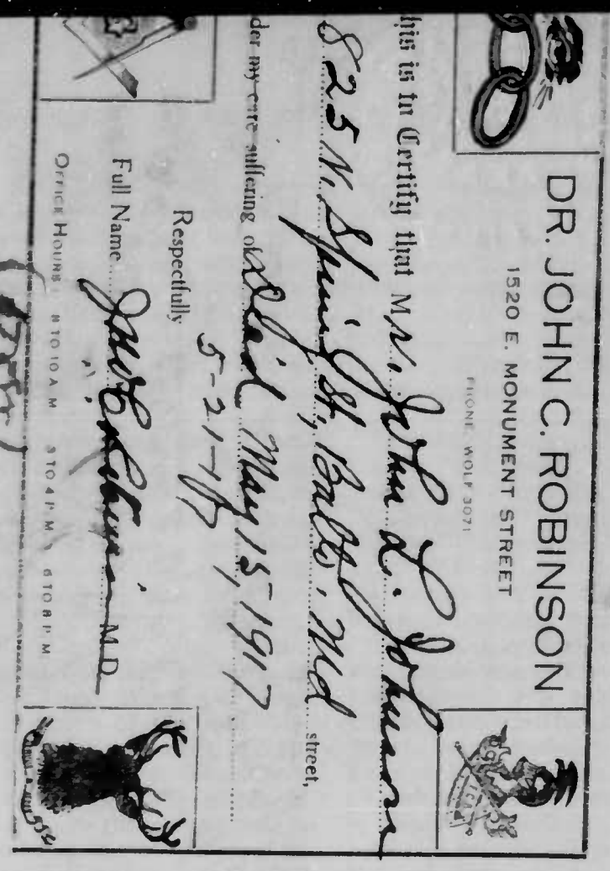
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, May 18 1917

20-UNDERTAKER, Wm. Robt. A. Elliott — ADDRESS, 506 East St.

Accidental
poultice
No history

STATEMENT O
statement of occupati
the relative healthfuln
known. The questio
person, irrespective of
single word or term
cient, e. g., *Farmer or*
tor, Architect, Locom
Stationary fireman, et
cially in industrial e
to know (*a*) the kin
nature of the busines
an additional line is
ment; it should be us
amples: (*a*) *Spinner,*
man, (*b*) *Grocery;* (
factory. The materi
of the second stateme
"Foreman," "Manag
more precise specifica
borer, Laborer—Coal
who are engaged in
only (not paid *House*
salary), may be enter
or *At home,* and chil
as *At school* or *At h*
report specifically th
gaged in domestic se
Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*



STATEMENT OF CAUSE OF DEATH.—Name, *first,* the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of*

um, etc., *Carcinoma, Sar-*
name origin; "Cancer" is
of "Tumor' for malignant
Whooping cough; Chronic
hronic interstitial nephritis;
secondary or intercurrent)
ted unless important. Ex-
causing death), 29 *ds.;*
ondary), 10 *ds.* Never re-
erminal conditions, such as
nerely symptomatic), "Atro-
na," "Convulsions," "De-
'Senile," etc.), "Dropsy,"
lure," "Hæmorrhage," "In-
Old age," "Shock," "Uræ-
when a definite disease can
ause. Always qualify all
hildbirth or miscarriage, as
." "PUERPERAL *peritonitis,*"
ich surgical operation was
IT DEATHS state MEANS OF
CIDENTAL, SUICIDAL, HOMI-
ich, if impossible to deter-
les: *Accidental drowning;*
-accident; Revolver wound
isoned by carbolic acid—
ature of the injury, as frac-
quences (*e. g., sepsis, teta-*
nus) may be stated under the head of "Contributory."

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion, Cellulitis, Childbirth, Convulsions, Hæmorrhage, Gastritis, Erysipelas, Meningitis, Gangrene, Miscarriage, Necrosis, Peritonitis, Phlebitis, Pyæmia, Septicæmia, Tetanus.

The following must be referred to a Coroner:

Deaths due to accident (if criminal negligence possibly involved); *Suicides, Homicides, Abortions (if induced),* whether death is directly or indirectly due to the same.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81

D 5359

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Notre Dame of St Ignatius Ashland Ave 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister Mary Margaret Kennick

(Residence in Baltimore: No. Notre Dame Asylum Ashland Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. March 16, 1835
(Month) (Day) (Year)

7-AGE. 82 yrs. 2 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Teacher
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Canada

PARENTS.

10-NAME OF FATHER. Thomas Kennick

11-BIRTHPLACE OF FATHER (State or Country). Scotland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). Scotland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Clarissa

(Address) Asylum & Ashland Ave.

15- Filed MAY 17 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 16, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5 1917, to May 16 1917, that I saw her alive on " 15 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Chronic Chronic
Pleurisy Empyema Lung

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) F J Kirby M. D.

May 17, 1917. (Address) 110 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Notch Cliff Md — DATE OF BURIAL, May 18, 1917

20-UNDERTAKER Frank A. Fink — ADDRESS 916 N Gay St.

CAUSE OF DEATH must be stated in all cases. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 5360

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 N Caroline ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Ewalt

(Residence in Baltimore: No. 1809 N Caroline St. 68 yrs., 1 mos. 5 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 9th (Day) 1848 (Year)

7-AGE, 68 yrs. 1 mos. 5 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country), Balto-Md.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Ewalt

(Address) 1809 N. Caroline St.

15- Filed MAY 17 1917, 191... HARRY C. ANDREWS Burial Permit Clerk

CAUSE OF DEATH. Fill in all items. Be particular and write plainly. Use ink. Do not use lead pencil. Do not use abbreviations or leave blanks. Be sure to answer every question. Every certificate must be complete and correct in every detail. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1917, to May 14 1917, that I saw h er alive on May 14 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac condition

(Duration) ... yrs. ... mos. 4 ds.

(Signed) Walter W. White M D.

..., 191... (Address) 1101 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, May 17, 1917.

20-UNDERTAKER Robt J Turner — ADDRESS 1442 Bway

D 5361

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5361

CERTIFICATE OF DEATH.

167

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Jones

(Residence in Baltimore: No. 2109 Boone st

Life ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
female	col	widow

6-DATE OF BIRTH, Unknown 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
80 yrs. ... mos. ... ds.	... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... H W
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Murry

(Address) 2109 Boone st

15-

Filed MAY 17 1917, 191... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.)
find that said deceased came to ... death on the day stated above.
The CAUSE OF DEATH* was as follows:

Burns accidental
while burning brush in alley
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(Duration) ... yrs. ... mos. ... ds.

(Signed) ..... (Coroner.) M. D.

May 17, 191.. (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 3 hrs. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? In rear of 2109 Boon st
Former or usual residence 2104 Boone st

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	May 18, 1917

20-UNDERTAKER	ADDRESS
E. A. Wright Sr.	2113 Fremont

N. B.—Statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5362

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5362

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 N. Carolina St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aaron Bennet

(Residence in Baltimore: No. 1603 N Carolina St St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ? (Month) ..... (Day) ....., 1837 (Year)

7-AGE, 80 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 04

9-BIRTHPLACE. (State or Country), Alabama

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. C. Wiedefeld

(Address) 914 Greenmount Av.

15- Filed MAY 17 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 14 1917, to May 16 1917, that I saw h alive on May 16 1917, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Chron. Interstitial Nephritis

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Warmia

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) B. W. Kelly M. D.

May 16, 191. (Address) 1006 N. Linwood Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, May 17, 191.7.

20-UNDERTAKER H. C. Wiedefeld — ADDRESS 914 Greenmount Av.

important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Pks.

D 5363

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 5363

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631E Modeson ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Young

(Residence in Baltimore: No. 1631E Madison St. on city all life 26 yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, May (Month) 3 (Day), 1891 (Year)

7-AGE, 26 yrs. mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home Work
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, James F Thomas

11-BIRTHPLACE OF FATHER (State or Country), St Marys Co Md

12-MAIDEN NAME OF MOTHER Priscilla Moore

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H young

(Address) 1631 E Madison St

15- Filed MAY 17 1917, 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1917, to May 14 1917, that I saw h er alive on May 14 1917, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. Wright M. D.

May 14 191.7 (Address) 120 N Broadway St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, May 18th 191.7

20-UNDERTAKER Felix B Pize — ADDRESS 102 E Mulberry

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 5364

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 W. Lafayette St ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Connor

(Residence in Baltimore: No. 3017 W Lafayette St St.; 17 yrs., 7 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Aug (Month) 6 (Day), 1869 (Year)

7-AGE, 49 yrs. 9 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... 037
(b) General nature of industry, business, or establishment in which employed (or employer) House-wife

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Thos Cahill

11-BIRTHPLACE OF FATHER (State or Country) Dont know

12-MAIDEN NAME OF MOTHER Mary Murphy

13-BIRTHPLACE OF MOTHER (State or Country), Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas F. Connor

(Address) 3017 W Lafayette St

15- MAY 17 1917 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

Cross out words not important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 27 1915, to May 17 1917, that I saw h[illegible] alive on Apl 26 1917, and that death occurred, on the date stated above, at 9.45 A.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 2 yrs. 6 mos. ds.

(Signed) Branson MacCalman M. D.

May 17, 191 7. (Address) 1822 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
New York	May 19, 191 7
20-UNDERTAKER	ADDRESS
Chas F. Evans & Son	118 W. Royal [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 5365 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 10 D 5365

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 E Pleasant ST.; 4 WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm R Barrett

(Residence in Baltimore: No. 201 E. Pleasant St. St.; 4 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, October (Month) 19 (Day), 1862 (Year)

7-AGE	If LESS than 1 day,
54 yrs. 6 mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) 062

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Michall Barrett

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Pocitey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wright

(Address) 328 S Exeter St.

15- Filed MAY 17 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CAUSE OF DEATH must be filled in. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to May 15 1917, that I saw h— alive on May 11 1917, and that death occurred, on the date stated above, at 10h m.

The CAUSE OF DEATH* was as follows:

aort. Stenosis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) NONE

(Duration) ....yrs. ....mos. ....ds.

(Signed) J Valentine M. D.

May 15, 1917 (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem	May 18, 1917

20-UNDERTAKER Chas F. Ware & Son ADDRESS 118 W Mt Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 5366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X104 D 5366

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George L. Bussey

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	M

6-DATE OF BIRTH, Feb. 11, 1917.
(Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Army
(b) General nature of industry, business, or establishment in which employed (or employer) ..... "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George L. Bussey

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lottie Lee Swanson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15- Filed May 17 1917, 191.... HALEY ... Special Permit Clerk
Registrar.

CAUSE OF DEATH must be stated plainly. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 16 1917, to May 17 1917, that I saw him alive on May 17 1917, and that death occurred, on the date stated above, at 11.00 A m.

The CAUSE OF DEATH* was as follows:

Intestinal Decomposition

..... (Duration) ..... yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. Bussey Smith M. D.

May 17 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? Linthicum Heights

Former or usual residence Linthicum Heights

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	May 18, 191..
20-UNDERTAKER	ADDRESS
E J Fanning 19382	Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 5367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 5367

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2872 Penna Ave St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norma Clark

(Residence in Baltimore: No. 2872 Penna Ave. St.; 37 yrs., 8 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, aug (Month) 30 (Day), 1865 (Year)

7-AGE, 37 yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas F. Clark

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Margaret Cordell

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edith L. Clark

(Address) 2872 Penna. ave.

15-

Filed MAY 17 1917 HARRY C. ARLADIS Burial Permit Clerk

191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1917, to May 15 1917, that I saw her alive on May 14 1917, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Chron. Nephritis

unknown.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chron. Endocarditis

(Duration) unknown yrs. ....mos. ....ds.

(Signed) Chas. E. Conser M. D.

5-16-17, 191... (Address) 1101 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Fowden Park DATE OF BURIAL, May 18, 191.7.

20-UNDERTAKER Josiah Sykes ADDRESS 1600 W. North ave

Chron. important. See instructions on back of certificate.

D 5368

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

D 5368

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 200 W. Camden, ST. 77 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Gitchell

(Residence in Baltimore: No. 200 W. Camden, St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: June 2, 1850 (Month) (Day) (Year)

7-AGE: 66 yrs. 11 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Michael Miller.

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Unknown.

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida May Gitchell

(Address) 200 W. Camden St.

15. Filed MAY 17 1917, 191 HARRY O. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 14, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr. 30, 1917, to May 14, 1917, that I saw h.. alive on May 13, 1917, and that death occurred, on the date stated above, at 9.45 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) ..... yrs. ..... mos. 14 ds

Contributory (SECONDARY) Unknown.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Albert J. Chambers. M. D.

May 14, 1917 (Address) 1017 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: May 18, 1917

20-UNDERTAKER: F. A. Kramer ADDRESS: 703 Hanover

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5369 CERTIFICATE OF DEATH. 151 D 5369

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 N Monroe St.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Mr & Mrs Jno E Shumlert

(Residence in Baltimore: No. Same St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 15th (Day) 1917 (Year)

7-AGE, ...yrs. ....mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jno E Shumlert

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Nettie Ivey

13-BIRTHPLACE OF MOTHER (State or Country) Vermont Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno E Shumlert

(Address) 726 N Monroe St

15- MAY 17 1917 Filed....., 191.... ROBERT B. KRAUTH Registrar.

Burial Permit Issued

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15th 1917, to May 16th 1917, that I saw h[illegible] alive on May 16th 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Prematur Birth

(6 hrs. Gestation)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edith Montague M. D.

May 16 1917 (Address) 526 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

COMMISSIONER OF MARYLAND
Commissioner Health
Per [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 5370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5370

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 5 ST. OR WARD)

2-FULL NAME Baby Floyd.

Residence in Baltimore: No. 612 Sterling St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, ... April 18th, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs.....mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edward Floyd

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Nora Layfield

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... John W. Harris, M.D.

(Address) ..... Johns Hopkins Hospital

15-

Filed ..... MAY 17 1917, 191.....

ROBERT R. KRAUTER

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May 15th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7th, 191.., to May 15th, 191..,
that I saw her alive on May 15th, 191..,
and that death occurred, on the date stated above, at 4 m.
The CAUSE OF DEATH* was as follows:

Congenital Syphilis

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Haemorrhagic Disease of Newborn.

..... (Duration).....yrs.....mos.....ds.

(Signed) John W. Harris M. D.

May 17, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health.

Per. Wm. E. WOODS.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 D 5371

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.) 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Ford.

(Residence in Baltimore: No. 1931 Ridgewood Ave St.; ....yrs.,....mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 2nd (Day), 1917 (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 13 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Ford

11-BIRTHPLACE OF FATHER (State or Country), D. C.

12-MAIDEN NAME OF MOTHER Minnie Hildemand

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W Harris

(Address) Johns Hopkins Hospital

15- Filed MAY 17 1917, 191.... ROBERT E. HEISLER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15nd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2nd 1917, to May 15th 1917., that I saw h.. alive on May 2nd. 1917., and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

Bronchio pneumonia.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John W Harris M. D.

May 17, 1917. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. JOHNS HOPKINS HOSPITAL DATE OF BURIAL, MAY 19 1917

20-UNDERTAKER Commissioner Health. ADDRESS

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5372

CERTIFICATE OF DEATH.

REGISTERED NO. C 79 D 5372

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp 5 St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Hall

Residence in Baltimore: No. 310 Lewis St

St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. F. O'Malley (Information received)

(Address) St. Jos. Hosp. (from Dr. O'Malley)

15- MAY 17 1917 Filed....., 191.... ROBERT R. KRAUTH Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to May 14 1917, that I saw him alive on May 9 1917, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Contributory Pulmonary Edema

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. mos. 2 ds.

(Signed) W. F. O'Malley M. D.

5/14, 191.7 (Address) St Jos Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? /

Former or usual residence 310 Lewis St

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL, MAY 17 1917, 191...
PUBLIC CEMETERY.	
20-UNDERTAKER Commissioner Health.	ADDRESS

IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5373 ✓ D 5373

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipality Hosp. ST. 24 WARD) 109

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Gubert

(Residence in Baltimore: No. 1155 Hanbert St St.; ....yrs., ...mos. ....ds.)

D 5373

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Married

6-DATE OF BIRTH, August (Month) 23 (Day) 1883 (Year)

7-AGE, 33 yrs. 8 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Fred Ehrman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Orff

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Gubert

(Address) 1155 Hanbert St

15- Filed MAY 17 1917, 191.... ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1917, to May 17 1917, that I saw h.. alive on May 17 1917, and that death occurred, on the date stated above, at 12½ a m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary) Ventral Hernia

(Duration) 2 yrs. ....mos. ....ds.

(Signed) W. Perry Boyce M. D.

5/17, 1917. (Address) Municipality Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 1 ds. In the State .... yrs. Life mos. .... ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 1155 Hanbert St

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Schwartz Cem	May 19 1917
20-UNDERTAKER	**ADDRESS**
Wm J. Tickner & Son	5 & N. Ave

CAUSE OF DEATH must be plainly written. Every question must be answered if possible. Omissions cause delay. Be particular and write plainly. Use ink. Every statement important. See instructions on back of certificate.

over

Spec.—8-24-14—M. & T.—2000 Bks.

D 5374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 D 5374

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N. Calhoun ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Robinson

(Residence in Baltimore: No. 4116 Philadelphia St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, May (Month) 16 (Day) 1917 (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, 15 hrs. or 40 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Robinson

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Margaret Gibson

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Robinson

(Address) 4116 Phila. St.

15- Filed MAY 17 1917 191.. ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16th 1917, to May 17 1917, that I saw h~~im~~ alive on May 16th 1917, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Blue Baby
Defective Circulatory System
(Duration) ..... yrs. ..... mos. 1 hr. ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Kolb M. D.

May 17, 1917. (Address) 1203 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, May 18, 1917

20-UNDERTAKER M. J. Flynn ADDRESS 1422 Light

CAUSE OF DEATH must be plainly stated. Every question must be answered if possible. Physician should make his certificate immediately after death. Omissions will cause delay. Read carefully and see that certificate is correctly filled out before signing. Be particular to give street number where death occurred. Do not use abbreviations. Do not use ditto marks. Be careful to write plainly. Use black ink. Do not fail to sign certificate. Do not bury body without permit. Do not fail to return certificate to undertaker. Do not fail to return burial permit to undertaker. Do not fail to return burial permit to undertaker. Do not fail to return burial permit

D 5375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

.50

D 5375

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1357 N Fremont St. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lena Hutzenreuter

(Residence in Baltimore: No. 1357 N Fremont St.; 74 yrs. 8 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-~~SINGLE~~, MARRIED WIDOWED OR ~~DIVORCED~~ (Write the word)
Female	White	Widow

6-DATE OF BIRTH September 10, 1842 (Month) (Day) (Year)

7-AGE 74 yrs. 8 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

PARENTS

9-BIRTHPLACE (State or country) Germany

10-NAME OF FATHER Gotlieb Kaucher

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Christina Leighls

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF ~~MY KNOWLEDGE~~

(Informant) John Waterman

(Address) 1357 N Fremont Ave

MAY 17 1917 Filed ....., 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 16 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1915, to. May 16 1917, that I saw h~~e~~r alive on May 16 1917, and that death occurred, on the date stated above, at 10.5 P m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(Duration) 2 yrs. 6 mos. ds

Contributory (SECONDARY) Uraemia

(Duration) yrs. mos. 4 ds.

(Signed) Irvin Baugh M. D.

May 17, 1917 (Address) 744 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

~~At place~~ of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL May 20, 1917

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5376

CERTIFICATE OF DEATH.

+ 79 D 5376

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. W. King-

(Residence in Baltimore: No. Colgate, Md- St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1844 (Year)

7-AGE, 72 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Mariner

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sallie King

(Address) Colgate Md

15- Filed MAY 17 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 25 1917, to May 16 1917, that I saw h[illegible] alive on May 16, 1917, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(Duration) yrs. 1 mos. 24 ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(Duration) yrs. mos. ds.

(Signed) G. A. Bowden M. D.

May 17, 1917. (Address) Md Gen Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 24 ds. In the State 72 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Colgate Md-

19-PLACE OF BURIAL OR REMOVAL, St Evangelists Cemetery — DATE OF BURIAL, May 18 17 191..

20-UNDERTAKER Christian Miller — ADDRESS 233 Jefferson St

D 5377.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 5377.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Warner ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberta John Wallace

(Residence in Baltimore: No. 610 Warner St.; 20 yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	married

6-DATE OF BIRTH unknown ? 1 .....
(Month) (Day) (Year)

7-AGE Bout 20 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE (State or country) Balt city

PARENTS

10-NAME OF FATHER William Brown

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Emma Joner

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Brown

(Address) 610 Warner St

15-

Filed MAY 18 1917 191 HARRY C. ANDREWS REGISTRAR

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 21, 1917, to, May 16 1917, that I saw h[illegible] alive on May 16 1917, and that death occurred, on the date stated above, at 6 a.m. The CAUSE OF DEATH* was as follows:

Incipient T.B. of Lungs

(Duration) yrs. mos. 27 ds.

Contributory (SECONDARY) Bronchitis

(Duration) yrs. mos. 2 ds.

(Signed) J. Guy Bowley M. D.

5/17 1917 [Address] 136 W. Lee St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos ds. In the State yrs. mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Grt Auburn Cemetery DATE OF BURIAL May 19 1917

20-UNDERTAKER Geo H Hooper ADDRESS 60 Little Paca

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5378

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 D 5378

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1910 Hope st, ST.: 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Theodore Cole

Residence in Baltimore: No. 1910 Hope st,

St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Mal	colrd	Bach

6-DATE OF BIRTH, April 20, 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 8 mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Cole

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Helen Chelly.

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Chelly

(Address) 1910 Hope st

15- MAY 18 1917

Filed....., 191.... HARRY C. ANDREWS

Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Bronchopneumonia

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) [illegible] D.
(Coroner)

May 17 191 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	May 18, 1917
20-UNDERTAKER	ADDRESS
Geo. J. Ruth	1735 Fayette ave

D 5379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 D 5379

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 1036 Eastland St. WARD)

FULL NAME Jacob Levin (Leon)

(Residence in Baltimore: No. 1036 E. Eastland St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 19 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer). Tobacco

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Samuel Levin

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Hannah Lewansky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Levin

(Address) 1036 E Eastland St

15- FILED MAY 18 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicidal Shooting

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas Dyer Duncan M. D.
(Coroner.)

May 18, 191.7. (Address) 1000 E Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1036 E Eastland St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Blair Rd. DATE OF BURIAL, May 18, 191.7

20-UNDERTAKER D. Levinson & Bro ADDRESS 1107 E Balto St

N.B.—Every item of information should be carefully supplied. AGE and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

39 D 5380

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 445 Poppleton St. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William P. Blair Sr.

(Residence in Baltimore: No. 445 S. Poppleton St. St.; 56 yrs., — mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 10th, 1861. (Month) (Day) (Year)

7-AGE, 56 yrs. — mos. 7 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER John J. Blair

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Margaret Noyd Last

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bertha M. Blair

(Address) 44 S. Poppleton St.

15-

Filed MAY 18 1917 191... Burial Permit Clerk
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of disease alone insufficient. Indefinite terms, such as "Debility," "Old Age," "Paralysis," "Convulsions," "Cancer," "Tumor," "Abscess," "Child-bed," "Fever," "Inflammation," "Hemorrhage," "Ulceration," "Consumption," "Dropsy," "Gangrene," "Mortification," "Premature Birth," "Stillborn," "Suddenly," "Accidentally," "Unknown," "Found Dead," are not sufficient. Physician must state the disease causing death, or, in deaths from violent causes, state (1) means of injury; and (2) whether accidental, suicidal, or homicidal. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1917, to May 17 1917, that I saw him alive on May 17 1917, and that death occurred, on the date stated above, at 9.25 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cancer

Blood Poison

(Duration) yrs. 4 mos. 5 ds.

CONTRIBUTORY (Secondary) Blood Poison

(Duration) yrs. 4 mos. 5 ds.

(Signed) D. G. W. Kennard M. D.

May 17 1917. (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, May 21st 1917

20-UNDERTAKER, John J. Cowan Son ADDRESS 90 Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5381 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 5381

CERTIFICATE OF DEATH.

56

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 112 S Carlton St. 18 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle Fairbanks

(Residence in Baltimore: No. 112 S Carlton St; 36 yrs., mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 10, 1881. (Month) (Day) (Year)

7-AGE 36 yrs. mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Work 037

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Edward Capp

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Dalton

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..John Fairbanks

(Address)..Hutchinson Md

15-

Filed MAY 18 1917 191..

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CAUSE OF DEATH to be given in plain terms, so that it may be understood. Indefinite terms, as "Fever," "Debility," "Old Age," etc., are not sufficient. Name the disease causing death, or, if from violence, state the nature of injury. If from accident, state whether it occurred while at work or in what other occupation. If a woman, state whether death was associated with pregnancy or childbirth. If a child, state whether it was born alive or stillborn. If born alive, how long did it live? All these facts are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1917, to May 15 1917, that I saw her alive on May 16 1917, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) yrs. mos. ds.

(Signed) Joseph E Jones M. D.

May 18, 191.. (Address) 1520 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, May 18 191..

20-UNDERTAKER John J Kernan & Son — ADDRESS 901 Hollins St

D 5382

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1720 ✓ D 5382

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 733 Sterling St St.; 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Carter

(Residence in Baltimore: No. 733 Sterling St St.; — yrs. — mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Smith

(Address) 733 Sterling St

15. MAY 18 1917 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 5 (Month) 16 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1917, to May 15 1917.
that I saw h— alive on May 15, 1917.
and that death occurred, on the date stated above, at 8. a. m.
The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Interstitial Nephritis

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) A. L. Hornstein M. D.

5/17, 1917 (Address) 733 Augusta St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: May 18, 1917

20-UNDERTAKER: Charles B. Jones — ADDRESS: 235 Pine

Spec.—8-24-14—M. & T.—2000 Bks.

D 5383

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5383

CERTIFICATE OF DEATH.

35

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. John Hopkins Hosp. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Dennis.

(Residence in Baltimore: No. 122 S. Carrollton Ave. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Oct 4, 1916
(Month) (Day) (Year)

7-AGE, — yrs. 7 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Emmett Dennis

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Capitola Jordan

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) John Hopkins Hosp.

15-

Filed MAY 18 1917 191..... HARRY C. ANDREWS, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 1917, to May 16 1917, that I saw h[illegible] alive on May 16 1917, and that death occurred, on the date stated above, at 10½ p. m.

The CAUSE OF DEATH* was as follows:

Generalized Tuberculosis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Thayer M. D.

May 16, 1917. (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 122 S. Carrollton Ave

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, May 18th, 1917.

20-UNDERTAKER John J. Fields 1200 — ADDRESS Mt Vernon Pl

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION very important. See instructions on back of certificate.

D 5381 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5384

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2025 E North ave ST. 8 WARD) 120

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John N Smith

Residence in Baltimore: No. 2025 E North ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, May 21 1858, 1
(Month) (Day) (Year)

7-AGE. 58 yrs. 11 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Letter carier
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Smith

(Address) 2025 E North ave

15- MAY 18 1917 Filed ....., 191.... Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Knox Insley M. D.
(Coroner.)

May 17 1917 (Address) N. E. Dist.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London	May 19, 1917
20-UNDERTAKER	ADDRESS
Wm Cook	502 E. North ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 5385

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 E 34th St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Allen Brown

(Residence in Baltimore: No. 609 E 34th St.; Lifé yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 1 (Day), 1897 (Year)

7-AGE, 20 yrs. 7 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Auditor 308
(b) General nature of industry, business, or establishment in which employed (or employer): Book Keeper

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Edward M Brown

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Eunice Allen

13-BIRTHPLACE OF MOTHER (State or Country), New York State

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marion H Wrightson

(Address) 609 E 34th St

15-

Filed MAY 18 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 27 1917, to May 18 1917, that I saw h.. alive on May 16 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis Indefinite

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) yrs. 10 mos. ds.

(Signed) E. Olivia Munson M. D.

May 18, 1917. (Address) 1221 W Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
St Johns Cem	May 21, 1917.
20-UNDERTAKER Wm Cook	ADDRESS 602 E North Ave

N. B.—Every blank must be properly filled. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

D 5386

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 5386

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 122 E. Cross ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Bachmann

(Residence in Baltimore: No. 122 E. Cross St. 36 yrs. 8 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH Aug. (Month) 20 (Day) 1880 (Year)

7-AGE 36 yrs. 8 mos. 26 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work ..... Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER Wm. S. Hamilton

11-BIRTHPLACE OF FATHER (State or country) Washington D.C.

12-MAIDEN NAME OF MOTHER Edna Thompson

13-BIRTHPLACE OF MOTHER (State or country) Brooklyn N.Y.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Edna Hamilton

(Address) 122 E. Cross St.

15- HARRY C. ANDREWS

Filed MAY 18 1917 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12, 1917, to May 16 1917, that I saw h.r alive on May 15 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Epilepsy.

about 1880 20
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), C. Hamm M. D.

May 17 1917 [Address] 1234 Light St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Loudon Park DATE OF BURIAL May 18 1917

20-UNDERTAKER W. J. Partington ADDRESS 1318 Light St.

N. B.—Every item of information should be carefully supplied. Accurate AGE should be given. Occupations may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. state CAUSE OF DEATH in plain terms, so that it may be

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5387

CERTIFICATE OF DEATH.

79 D 5387

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 S Monroe ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph F Stromyer

(Residence in Baltimore: No. 604 S Monroe St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWER, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ..., 1850
(Month) (Day) (Year)

7-AGE 67 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER Joseph Stromyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Emily Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Stromyer

(Address) 604 S Monroe St

15-

Filed MAY 18 1917, 191.. HARRY C. ANDREWS Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1917, to May 1917, that I saw h— alive on May 16 1917, and that death occurred, on the date stated above, at 4:50 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

Mitral insufficiency

(Duration) yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

(Signed) M. L. Todd M. D.

May 17 191.7 (Address) 1135 Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cem. — DATE OF BURIAL, May 20 191.7.

20-UNDERTAKER M Tabor & Son ADDRESS 606 Lafayette Av

N. B.—Each item of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of time important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5388

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 41 D 5388

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 5 Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Scroggs

(Residence in Baltimore: No. 1 Hanford Ave West Forest Park ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May 11, 1862 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
55 yrs. 0 mos. 4 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... General Office

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER Samuel Porter

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Bryant

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15- Filed MAY 18 1917, 191..... HARRY C. ANDREWS Registrar. Burial Permit

N. B.—Every item of information should be given, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12 1917, to May 15 1917, that I saw h[illegible] alive on May 15 1917, and that death occurred, on the date stated above, at 1.20 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid (operation)

..... (Duration) Direct Cause yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

..... (Duration) Few days yrs. mos. ds.

Signed Edwin D. Smith M. D.

May 17 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State 5 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Hanford Ave -

Former or usual residence Hanford Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery.	May 18, 1917

20-UNDERTAKER	ADDRESS
Young & J. Routh	735 Hanford Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5389

HEALTH DEPARTMENT—CITY OF BALTIMORE

42 D 5389

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1987 Druid Hill Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Seal (Neal)

(Residence in Baltimore: No. 1987 Druid Hill Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, March (Month) 24 (Day), 1860 (Year)

7-AGE, 57 yrs. 1 mos. 21 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John F. Shriver

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Bennet

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Boone

(Address) 170 E. Lafayette ave

15-

Filed MAY 18 1917, 191..... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2, 1916, to May 16 1917, that I saw h[illegible] alive on May 16 1917, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

Bilateral

(Duration) 1 yrs. 8 mos. 1 ds.

CONTRIBUTORY (Secondary) —

(Duration) .... yrs. .... mos. .... ds.

(Signed) J. Thomas Talbot M. D.

May 17, 1917. (Address) 1001 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Chesterfown Cemetery Md

DATE OF BURIAL, May 19 1917.

20-UNDERTAKER William W. Shriver

ADDRESS 1018 Edmondson ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 5390

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5390

CERTIFICATE OF DEATH.

REGISTERED NO. C 64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 E. Hamburg ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Marsh

(Residence in Baltimore: No. 30 E Hamburg St.; 63 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Widow

6-DATE OF BIRTH, May 16, 1854 (Month) (Day) (Year)

7-AGE, 63 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): 03

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Georg E Newker

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, M. E. Grunewood

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary M. Mullen

(Address) 1208 E. Preston St

15-

Filed MAY 18 1917 HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 191 , to May 15 191 , that I saw h- alive on May 15 191 , and that death occurred, on the date stated above, at 12.45 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Senile

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Contributory Asthenia

(Duration) yrs. mos. ds.

(Signed) H. Hamman Jr. M. D.

May 16, 191 . (Address) 1 W. Mt. Vernon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, May 18, 1917

20-UNDERTAKER Margaret E. Flynn — ADDRESS 1422 Light St

N. B.—Every item of information should be given. Exact statement of OCCUPATION is very important. See that CAUSE OF DEATH is properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 D 5391

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Famine Weinstein

(Residence in Baltimore: No. 134 W Hamburg St St.; 9 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Feb — 1908
(Month) (Day) (Year)

7-AGE, 9 yrs. 3 mos. ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School girl
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph Weinstein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J. Lewis

(Address)..... 1411 E Baltimore

15-

MAY 18 1917

Filed....., 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 18 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1917, to May 18th 1917, that I saw her alive on May 18th 1917, and that death occurred, on the date stated above, at 8:35 Am.

The CAUSE OF DEATH* was as follows:

.....
Acute Endocarditis
.....
.....

..... (Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) none

..... (Duration) yrs. mos. ds.

(Signed) J. E. Evans M. D.

5/18, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 4 ds. In the State 9 yrs. 3 mos. ds.

Where was disease contracted, if not at place of death? unknown.

Former or usual residence 134 W Hamburg St.

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, 5/18, 1917.

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Baltimore

N. B.—Every CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5392

CERTIFICATE OF DEATH.

91 D 5392

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Bank ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Rama

(Residence in Baltimore: No. 1409 Bank St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Dont Know ....., 1 .....
(Month) (Day) (Year)

7-AGE about 67 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cement Worker
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Italy

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Orata

(Address) 1409 Bank

15- Filed MAY 18 1917, 191.. ROBERT R. KRAUTH Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to May 17 1917, that I saw h.. alive on May 17 1917, and that death occurred, on the date stated above, at 11.40 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Valentine M. D.

May 17, 191.7. (Address) 16 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Vincents — DATE OF BURIAL, May 19, 1917

20-UNDERTAKER William Cook — ADDRESS 507 E North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 5393

CERTIFICATE OF DEATH.

28

REGISTERED No. C D 5393

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 S Smallwood St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Marie Hiller

(Residence in Baltimore: No. 528 S Smallwood St.; 44 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 23d, 1866 (Month) (Day) (Year)

7-AGE, 50 yrs. 10 mos. 4 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Ellicott City Md

PARENTS.

10-NAME OF FATHER, John P. Klein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Lowman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Hiller

(Address) 528 S Smallwood

15- Filed MAY 19 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1917, to May 16 1917, that I saw h[illegible] alive on May 16 1917, and that death occurred, on the date stated above, at 2.10 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(Duration) 9 hours

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

5-17-, 1917. (Address) Garrison & Lanvale Sts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, May 19, 191.7

20-UNDERTAKER H. B. Wippert, ADDRESS 2238 Eutaw St

N.B.—Every item must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5394

CERTIFICATE OF DEATH.

X D 5394

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Bottom

(Residence in Baltimore: No. Md General Hospital St.: ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, May 14th (Month) (Day), 1871 (Year)

7-AGE 46 yrs. — mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pittsburg P.G. Co

9-BIRTHPLACE, (State or Country), Baltimore City Md

PARENTS.

10-NAME OF FATHER, Samuel David

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Bolghman

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel D Bottom

(Address) Fullerton Md

15- Filed MAY 19 1917, 191.... ROBERT B. KRAUTH Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17th 191..., to May 17th 191 7, that I saw him alive on ....191...., and that death occurred, on the date stated above, at 8-20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Typhoid fever

(Duration) ....yrs. ....mos. 22 ds.

(Signed) C. C. C. Tyldesley M. D.

5/17, 191 7 (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. 9/ ds.

Where was disease contracted, if not at place of death? (at home)

Former or usual residence Fullerton Md.

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem — DATE OF BURIAL, May 19, 191...

20-UNDERTAKER P. J. Nicholson Inc — ADDRESS Penna Ave

N. B.—Every item of information should be given, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5395

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

14 5

D 5395

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1808 N. Wolf St ST. 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Justina Pohlmann

(Residence in Baltimore: No. 1808 N. Wolf St Str. 60 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH 15 Nov (Month) (Day), 1838 (Year)

7-AGE 78 yrs. 6 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER Emanuel Kramer

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER — Troesman

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Jno. Pohlmann

(Address) 74 French Ave

Filed MAY 19 1917

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 17 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apl 21, 1917, to May 16 1917, that I saw her alive on May 16, 1917, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Septicemia

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY) Chronic Ligulcus

(Duration) yrs. mos. ds.

(Signed) J. B. Adams M. D.

May 18, 1917 (Address) 2124 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Western Cemetery

DATE OF BURIAL May 19, 1917

20-UNDERTAKER Jos Joerdens & Son

ADDRESS 2073 Pacu,

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5396

CERTIFICATE OF DEATH.

104 D 5396

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 W. Cross ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Natalie Savulchis.

(Residence in Baltimore: No. 106 W. Cross St.; —yrs. —mos. 16ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month), 2 (Day), 1917 (Year)

7-AGE, —yrs. —mos. 16ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Nick Savulchis

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Annie Kawakiwicz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Kawakiwicz

(Address) 106 W. Cross

15- Filed MAY 19 1917, 191... ROBERT R. KRAUTHS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month), 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17, 1917, to May 18, 1917, that I saw h[illegible] alive on May 17, 1917, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Intussusception

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Wm Franchini M. D.

5/18/, 1917 (Address) 1 W W Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Stanislowas — DATE OF BURIAL. May 19, 1917.

20-UNDERTAKER John Grebianczka — ADDRESS 725 S. Broadway

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5397.

CERTIFICATE OF DEATH.

× 41 D 5397.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.) 4 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydie Jones

(Residence in Baltimore: No. University Hospital St.: ..... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1859
(Month) (Day) (Year)

7-AGE, 58 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Julia Hoffline

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... G. DeLacy .....

(Address) ..... Greene and Lombard Sts.

15- MAY 19 1917

Filed ....., 191.....

ROBERT R. KRAUTH
Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 191 , to May 18 191 , that I saw h[e]r alive on May 18 191 7, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Laryngeal Stenosis

3-4 hrs.
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY, (Secondary) Sarcoma of
mesentery (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) ..... G Perry Boas ..... M. D.

5-18, 191 7 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. 3 ds.

Where was disease contracted, if not at place of death? Former Residence

Former or usual residence Altamahaw, N. C.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Elon College N. C.	May 19 191 7
20-UNDERTAKER Joseph D. Cook	ADDRESS 1053 W. Balto St.

N. B.—Every item of information called for should be given, and the space filled so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Mary B. McElroy.

D 5398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 5398

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary B. McElroy

(Residence in Baltimore: No. 130 8 Linden Ave St.; 42 yrs., 0 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Single

6-DATE OF BIRTH, May 7 (Month) (Day), 1875 (Year)

7-AGE.	If LESS than 1 day,
42 yrs. 0 mos. 11 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cashier
(b) General nature of industry, business, or establishment in which employed (or employer): National Bank

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Robert J. McElroy

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Belle McElroy

13-BIRTHPLACE OF MOTHER (State or Country). Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carroll Tubman

(Address) Govans Balto Co, Md

15- MAY 19 1917 Filed....., 191.....

ROBERT R. KRAUTH

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May. 17 1917, to May 18 1917, that I saw h[illegible] alive on May 18 1917, and that death occurred, on the date stated above, at 2-15 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward P. Smith M. D.

May 18, 1917 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 1 mos. 1 ds. In the State Don't know yrs. mos. ds.

Where was disease contracted, if not at place of death? 130 8 Linden Ave

Former or usual residence 130 8 Linden Ave

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, 5/20, 1917

20-UNDERTAKER Henry W. Maus Estate

ADDRESS 805 N. Gay St.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 5399
1 PLACE OF DEATH

CERTIFICATE OF DEATH

28 ✓ D 5399
REGISTERED No. C

CITY OF BALTIMORE (No. 2321 Barclay ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leigh A. Brodie.

(Residence in Baltimore: No. 2321 Barclay St.: 27 yrs. — mos. 4 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May (Month) 12 (Day), 1890 (Year)

7-AGE: 27 yrs. — mos. 4 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Roads 030
(b) General nature of industry, business, or establishment in which employed (or employer): Engineer

9-BIRTHPLACE (State or country): Roanoke Va.

PARENTS

10-NAME OF FATHER: Walter A. Brodie.

11-BIRTHPLACE OF FATHER (State or country): Harrinton, Va.

12-MAIDEN NAME OF MOTHER: Carrie P. Henry.

13-BIRTHPLACE OF MOTHER (State or country): Staunton Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. H. Brodie,

(Address) Roanoke Va.

15. Filed MAY 19 1917, 191 ROBERT R. KRAUT
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 16 (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from May 11, 1917, to May 16 1917, that I saw h[illegible] alive on May 16 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs + Intestines.

(Duration) ... yrs. 6 mos. ... ds

Contributory (SECONDARY) Edocarditis

(Duration) ... yrs. ... mos. ... ds.

(Signed), Hough Forsythe M. D.

May 18, 1917. (Address) 424 E. Mosher Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: May 19, 191 7

20-UNDERTAKER: Ed Wedefeld Jr. — ADDRESS: 2113 Greenmount ave

D 5400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 D 5400

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2867 Phila ave ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W Ulshamer

(Residence in Baltimore: No. 2867 Phila ave St.; yrs., 33 mos. 11 ds. 29)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.): married

6-DATE OF BIRTH, May 20 1883
(Month) (Day) 1 (Year)

7-AGE 33 yrs. 11 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Paul Ulshamer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Marie Ulsha-mer
(Address) 2867 Phila ave

15- Filed MAY 191917, 191.... ROBERT R. KRAUTER Registrar
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) G Knox Insley M.D.
May 18 1917 (Coroner) E Dist
(Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, May 20, 1917

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 5401

CERTIFICATE OF DEATH.

50 ✓

D 5401

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 Oak Hill ave St.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A Frederick

(Residence in Baltimore: No. 1927 Oak Hill ave St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug (Month) 1 (Day), 1855 (Year)

7-AGE, 61 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), New Orleans

PARENTS.

10-NAME OF FATHER, John Arthur

11-BIRTHPLACE OF FATHER (State or Country), County Clare Ireland

12-MAIDEN NAME OF MOTHER Maria Mahoney

13-BIRTHPLACE OF MOTHER (State or Country), Castle Connell Limerick Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Frederick

(Address) 1927 Oak Hill Av.

15-MAY 191917 Filed, 191 ROBERT E. KRAUTER Registrar.

Burial Permit filed

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH May (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1913, to May 17 1917, that I saw h[illegible] alive on May 17 1917, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) O. E. Selby M. D.

May 18, 1917. (Address) 711 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Lan — DATE OF BURIAL, May 19, 1917

20-UNDERTAKER, Chas E. Ward & Son — ADDRESS, 11 Saint Paul Ave.

N.B.—Every item of information should be given as accurately as possible. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 5402

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David E. Kehlinger

(Residence in Baltimore: No. 3133 Greenmount Ave St.; 57 yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	married

6-DATE OF BIRTH, Dec. (Month) 29 (Day) 1865 (Year)

7-AGE,	If LESS than 1 day,
51 yrs. 4 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0

9-BIRTHPLACE, (State or Country) Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) V. Windesheim

(Address) 5220 Main St Arlington.

15- Filed MAY 19 1917, 191.... ROBERT B. KRAUSE

Burial Permit No. 0...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 18th (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 29 1917, to May 18 1917, that I saw h[illegible] alive on May 18 1917, and that death occurred, on the date stated above, at 7:50 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation 18 min

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ....yrs....mos. 7 ds.

(Signed) Moses Barkin M.D.

May 18, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ~ mos. 19 ds. In the State 57 yrs. ~ mos. ~ ds.

Where was disease contracted, if not at place of death? 3133 Greenmount Ave

Former or usual residence 3133 Greenmount Ave

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Friendship Cem.	May 20, 1917.
20-UNDERTAKER	ADDRESS
David Sondheim.	118 W Mt Royal

N. B.—Full name of deceased must be given in the 2d space. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 5403

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Benson

(Residence in Baltimore: No. 1207 N. Steep St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Widow

6-DATE OF BIRTH, ... (Month) Not Known (Day) ..... (Year)

7-AGE, 42 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: George Benson

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Lydia Ficker

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp.

(Address) Calvert St.

15-

Filed MAY 191917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1917, to May 16 1917, that I saw her alive on May 16 1917, and that death occurred, on the date stated above, at 7.15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

atrx (Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edward P. Smith M. D.

May 16, 191.7 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1207 N. Wolfe St.

Former or usual residence 1207 N. Wolfe St.

19-PLACE OF BURIAL OR REMOVAL, Asbury — DATE OF BURIAL, May 20, 1917.

20-UNDERTAKER John W Henderson — ADDRESS 31 N. Caroline

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5401 — 120 — D 5401

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1804 McCulloh St. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sallie Johnson

(Residence in Baltimore: No. 804 McCulloh St. Str.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July 17, —, 1866 (Month) (Day) (Year)

7 AGE: 50 yrs. 10 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Coachman
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Wesley Ga.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Ga

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sallie Johnson

(Address) 1804 McCulloh St

MAY 19 1917 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 17 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 31, 1917, to May 17, 1917, that I saw him alive on May 16, 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Chronic Myocarditis

(Duration) ..... yrs. 2 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Chas. Davis M. D.

5/18, 1917 (Address) 1133 Lanvale Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: May 19, 1917

20 UNDERTAKER: James H. Dennis — ADDRESS: 1303 Presstman St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5405

CERTIFICATE OF DEATH.

79 D 5405

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Mc Henry St.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Emerson

(Residence if Baltimore: No. 713 Mc Henry St.; 70 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	Widow

6-DATE OF BIRTH, Sept 26th, 1839
(Month) (Day) (Year)

7-AGE. 77 yrs. 7 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Philadelphia Pa.

PARENTS.

10-NAME OF FATHER, John L Dixon

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Geo Emerson

(Address) 713 Mc Henry St.

15-

Filed MAY 19 1917 191... HARRY C. ANDREWS
Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 1917, to May 18 1917, that I saw her alive on May 17 1917, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

?

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Endocarditis

(Duration) yrs. 12 ? mos. ds.

(Signed) J. M. DeLiere M. D.

May 18, 1917. (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, May 20, 1917.

20-UNDERTAKER John J Cowan & Son — ADDRESS 901 Hollins St

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5406

CERTIFICATE OF DEATH.

105 D 5406

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 W Kenwood Ave St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Nelson

(Residence in Baltimore: No. 103 W Kenwood Ave St.; 48 yrs., 6 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Oct (Month) 17 (Day), 1868. (Year)

7-AGE,	If LESS than 1 day,
48 yrs. 6 mos. 29 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Jr. General

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Nicklas Nelson

11-BIRTHPLACE OF FATHER (State or Country), Norway

12-MAIDEN NAME OF MOTHER Dorethea Stroh

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Katie Nelson

(Address) 103 W Kenwood Ave

15-

Filed MAY 19 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

N. B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16 (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1917, to May 16 1917, that I saw h— alive on May 16 1917, and that death occurred, on the date stated above, at 12 — m.

The CAUSE OF DEATH* was as follows:

Chronic Enteritis (Duration)

10 Wks

(Duration)..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Intermittent Fever

(Duration)..... yrs. ..... mos. 10 ds.

(Signed) [illegible] M. D.

May 18, 1917. (Address) 125 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	May 20th, 1917.
20-UNDERTAKER	**ADDRESS**
Peter Nicolaus	2046 Eastern Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 5407

CERTIFICATE OF DEATH

D 5407

REGISTERED NO. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1907 N Lafayette Ave ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Isabella H Austin

(Residence in Baltimore: No. 1907 N Lafayette Ave St.; 20 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6. DATE OF BIRTH: July (Month) 16 (Day) 1845 (Year)

7. AGE: 71 yrs. 10 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9. BIRTHPLACE (State or country): N.Y.

PARENTS

10. NAME OF FATHER: Abraham Taylor

11. BIRTHPLACE OF FATHER (State or country): N.Y.

12. MAIDEN NAME OF MOTHER: Antinett Wood

13. BIRTHPLACE OF MOTHER (State or country): N.Y.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Austin

(Address) 1907 N Lafayette

MAY 19 1917 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 17 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1916, to May 17 1917, that I saw h-r alive on May 16, 1917, and that death occurred, on the date stated above, at 3.15 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. 8 mos. ..... ds

Contributory (SECONDARY) Valvular Heart Disease

(Duration) 1 yrs. 3 mos. ..... ds.

(Signed) Thomas Fulton M. D.

May 18, 1917 (Address) 1041 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: May 19, 1917

20. UNDERTAKER: W M Rountree — ADDRESS: 230 N Greene

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

Spec.—8-24-14—M. & T.—2000 Bks.

D 5408 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5408

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 163 Calvin ST.; 5 WARD) REGISTERED No. C 91

2-FULL NAME Sarah Rhynd

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 163 Calvin St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Unknown. (Month) (Day) 18[illegible] (Year)

7-AGE, 33 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Jacob Bennett

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Jena Malcolm

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Murphy

(Address) 912 Argyle ave

15-

Filed MAY 19 1917 191 HARRY C. ANDREWS Registrar

Burial Permit Granted

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1917, to May 16 1917, that I saw h[illegible] alive on May 16 1917, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert L. Green M. D.

May 17, 1917. (Address) 120½ Argyle Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodberry Cemetery.	May 20, 191[illegible]
20-UNDERTAKER	ADDRESS
Mrs. J. D. Elliott	506 East St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If less than one day, state number of hours or minutes. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spcc.—8-24-14—M. & T.—2000 Blks.

D 5409

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 D 5409

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Ruskyn ave St.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1.)

2-FULL NAME Lora Eliza West

(Residence in Baltimore: No. 2211 Ruskyn ave St.; 2 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~. (Write the word.) Single

6-DATE OF BIRTH, March (Month) ..... (Day), 1863 (Year)

7-AGE, 54 yrs. 2 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Bank Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Frederick Md.

PARENTS.

10-NAME OF FATHER. Marcus West

11-BIRTHPLACE OF FATHER (State or Country). Frederick Md

12-MAIDEN NAME OF MOTHER. Maria L. Boyer

13-BIRTHPLACE OF MOTHER (State or Country). Frederick, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. H. West.

(Address) 1009 W. Lafayette Ave.

15- MAY 19 1917 Filed....., 19.. Burial Permit Clerk.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1917, to May 18 1917, that I saw her alive on May 17 1917, and that death occurred, on the date stated above, at 8-45 Am.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

.....

.....

Probable (Duration) 1 yr. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of the breast right

(Duration) ? yrs. ..... mos. ..... ds.

(Signed) John D. Young M. D.

May 18, 1917. (Address) 1425 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL, May 20, 1917

20-UNDERTAKER John O. Whitehill — ADDRESS 1301 W. Lafayette Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5410

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 5410

CERTIFICATE OF DEATH.

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Barbara E Erpenstein

(Residence in Baltimore: No. 1505 N Collington ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
female	white	Widow

6-DATE OF BIRTH, June 24 I8[illegible], 1837
(Month) (Day) (Year)

7-AGE. 79 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Ger many

PARENTS.

10-NAME OF FATHER, John Wendell

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Anthony Erpenstein
(Address) 1505 N Collington ave

15. FILED MAY 19 1917 191... HARRY C. ANDREWS Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17 1917
(Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner.)
191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1505 N Collington Ave

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 21 191.7

20-UNDERTAKER Leo M. Finn — ADDRESS 811 Mor[illegible]

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5411.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 5411

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. ST.; 22 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out No. 18.)

2-FULL NAME Nellie Johnson

(Residence in Baltimore: No. 126 Perry St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1878 (Year)

7-AGE, 39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Work
(b) General nature of industry, business, or establishment in which employed (or employer). at Home

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER. Alec Hall

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Charlotte ?

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Johnson

(Address) 123 Perry St

15- Filed MAY 19 1917, 191... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-31 1917, to May 18 1917, that I saw h[illegible] alive on May 18 1917, and that death occurred, on the date stated above, at 8:15 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobularis

(Duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Uterine fibroid

(Duration) yrs. mos. ds.

(Signed) Unknown M. D.

May 18, 1917. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 18 ds. In the State yrs. 9 mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 126 Perry St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, May 20, 1917.

20-UNDERTAKER J. L. Brown & Son — ADDRESS 108 W. Monty St

N. B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5413 D 5412

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Brunt St ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Green

(Residence in Baltimore: No. 1413 Brunt St St.; ..yrs..mos..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Marr

6-DATE OF BIRTH, Don't Know, 1..... (Month) (Day) (Year)

7-AGE, 49 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... 03

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel Brown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert H Green

(Address) 1413 Brunt St

15-

Filed MAY 19 1917, 191.. HARRY C. ANDREWS Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8 1917, to May 17 1917, that I saw h.r alive on May 16 1917, and that death occurred, on the date stated above, at 10 C m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..yrs. 6 mos. ..ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..yrs. ..mos. ..dr.

(Signed) D. Lucas Hollaus M. D.

May 18, 1917. (Address) 1200 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loud Cemetery	May 20, 1917.
20-UNDERTAKER	ADDRESS
John H Owens	838 Dolphin

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5413

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 D 5413

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N. Parish ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lilly Kent

(Residence in Baltimore: No. 511 N. Parish St.; 11 yrs., 8 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Aug. 21, 1905. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
11 yrs. 8 mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. City Md.

PARENTS.

10-NAME OF FATHER, William Kent

11-BIRTHPLACE OF FATHER (State or Country), Balto. City Md.

12-MAIDEN NAME OF MOTHER Jane Hill

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Kent

(Address) 511 N. Parish St.

15- Filed MAY 19 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31 1917, to May 16 1917, that I saw her alive on May 14 1917, and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular [illegible]
Lesions. Hypertrophy of Heart
Valves. (Duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. C. McCarthy M. D.

May 17, 191.7 (Address) 906 N. Stricker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	May 19, 191.7
20-UNDERTAKER	ADDRESS
Sam'l H. Chase & Son	1400 Madison Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5414

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 D 5414

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Exeter St. 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Butcher

(Residence in Baltimore: No. 3370 Hickory Ave St.; 19 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct. (Month) (Day) 1844 (Year)

7-AGE 72 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Ga

PARENTS.

10-NAME OF FATHER. Robt. Butcher

11-BIRTHPLACE OF FATHER (State or Country), Ga.

12-MAIDEN NAME OF MOTHER Gambril

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Harry Butcher

(Address) 626 Hamilden Ave

15-

Filed MAY 19 1917 191 HARRY (ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18 (Month) (Day) 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 30 1917, to May 18 1917, that I saw h alive on May 18 1917, and that death occurred, on the date stated above, at 5 30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma

Abdomen

Prostate

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(Duration) yrs. mos. 1 ds.

(Signed) Thos. J. Buckel M. D.

, 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Last Known

Former or usual residence 3370 Hickory Ave

19-PLACE OF BURIAL OR REMOVAL, Cockeysville Md DATE OF BURIAL, May 21, 191

20-UNDERTAKER A S Marshall ADDRESS 3539 Falls Rd

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5415

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 V D 5415

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Bolton ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Isabel Lennon Dobbin

(Residence in Baltimore: No. 1522 Bolton St. St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	widowed

6-DATE OF BIRTH, Sept. 10th 1843 (Month) (Day) 1 (Year)

7-AGE, 73 yrs. 8 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Musician do
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Richard Lennon

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Sarah Ann Stevenson

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anne Randall

(Address) Wayne Pa.

15- MAY 19 1917 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1916, to May 17 1917, that I saw her alive on May 17 1917, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of chest wall
Mediastinal + Cervical glands
Secondary to Breast cancer Removed
ca. 1910 (Duration) yrs. 14 mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia
(Duration) yrs. mos. 7 ds.

(Signed) J Howard Wheeler M. D.

May 19, 1917. (Address) Baltimore Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount Cemetery	May 20th, 1917.
20-UNDERTAKER	ADDRESS
Henry W. Jenkins & Son	1520 Orchard St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 5416

CERTIFICATE OF DEATH.

28 D 5416

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 N. Gilmor ST.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Thomas

(Residence in Baltimore: No. 319 N. Gilmor St.; ....yrs....mos....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 28 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 40

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Edwards

(Address) 319 N. Gilmor St.

15-

Filed MAY 19 1917, 191.....

V. O. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 191., to May 17 191., that I saw h.. alive on May 17 191., and that death occurred, on the date stated above, at 2:45 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) H. P. Hodcroft M. D.

5/17, 191.7. (Address) 117 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. — DATE OF BURIAL, May 20, 1917.

20-UNDERTAKER Brown & Freeland — ADDRESS 114 N. Schroeder St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5417.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5417.

CERTIFICATE OF DEATH.

X 131

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Skin + Cancer Hospital ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Addie Atkinson King

(Residence in Baltimore: No. 2601 Hampden Ave. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	

6-DATE OF BIRTH, ..., 1884
(Month) Sept (Day) 6 (Year)

7-AGE, 32 yrs. 8 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Prince George Co Md

PARENTS.

10-NAME OF FATHER, Wm. Henry Robey

11-BIRTHPLACE OF FATHER (State or Country), Prince George Co Md

12-MAIDEN NAME OF MOTHER Sarah Willis

13-BIRTHPLACE OF MOTHER (State or Country), Prince George Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Bell

(Address) Laurel Md

15- MARY O. ANDREWS

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1917, to May 18 1917, that I saw h[illegible] alive on May 18 1917, and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Post operative Pelvic Dilatation

(Duration) Less than 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Operation for Ovarian Cysts

(Duration) 3 yrs. mos. ds.

(Signed) Philip S. Fowler M. D.

May 18, 1917. (Address) 1432 William St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 12 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Dorsey's Md.

Former or usual residence Dorsey's Md.

19-PLACE OF BURIAL OR REMOVAL. Laurel Md — DATE OF BURIAL. May 21, 1917.

20-UNDERTAKER Wm J. Tuckner & Son — ADDRESS Hartford Pa

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5418

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 5418

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Wolfe

(Residence in Baltimore: No. 1403 Gough St.; 3 yrs., — mos. — ds.)

N. B. Cause of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 19 (Day) 1914 (Year)

7-AGE, 3 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None 500

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Morris Wolfe

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Hannah Nitzpiez

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris Wolfe

(Address) 1403 Gough St

15- HARRY C. ANDREWS Burial Permit Clerk

Filed....., 191.... MAY 1919

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1917, to May 19 1917, that I saw him alive on May 19 1917, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia following acute Bronchitis

(Duration) ...yrs. 1/2 mos. ...ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(Duration) ...yrs. ...mos. 2 hrs.

(Signed) Israel Kleinglass M. D.

May 19, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 6 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? at residence

Former or usual residence 1403 Gough St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, May 20, 1917

20-UNDERTAKER S. Levinson & Bro — ADDRESS 1107 E Balto St

D 5419

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5419

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 505 Duncan St.; 7 WARD)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Brown

(Residence in Baltimore: No. 505 Duncan St.; life yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Jane Brown

(Address) 514 Duncan Alley

15. Filed MAY 20 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 18th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1917, to May 18, 1917, that I saw h[illegible] alive on May 17, 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

—

Mitral Insufficiency

Duration: yrs. mos. ds

Contributory (SECONDARY): Apoplexy

Duration: 1 yrs. 2 mos. 3 ds.

(Signed) Edw Fisher M. D.

May 18, 1917 (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery, DATE OF BURIAL: May 20, 1917

20-UNDERTAKER: Milton Davis, ADDRESS: 413 N. Eden St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5420 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 5420

28

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Oxford ST., 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Yates

(Residence in Baltimore: No. 503 Oxford St St., Life 2 yrs. ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Single

6-DATE OF BIRTH, May 31, 1913
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 11 mos. 20 ds.	...hrs. or 6 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ✓ None
(b) General nature of industry, business, or establishment in which employed (or employer) ✓ 500

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Arthur Yates

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mabel Collins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mabel C. Yates

(Address) 503 Oxford St

15-

Filed MAY 20 1917, 191.... RALPH C. ANDREWS Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to May 18 1917, that I saw ✓ alive on May 17 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ✓ yrs. mos. ds.

(Signed) Benjamin F. Grant M. D.

5-19-17, 1917. (Address) 707 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 20, 191.7
20-UNDERTAKER David Corbin	ADDRESS 716 Penna Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 5421

CERTIFICATE OF DEATH.

92 D 5421

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 Brunt ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Effie Cole

(Residence in Baltimore: No. 1934 N Brunt St.; 4 yrs., mos. ds.)

all life in city.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 9, 1882 (Month) (Day) (Year)

7-AGE, 35 yrs. 2 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Wife of
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laundress.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Cole

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Matilda Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Toronto Canada.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Hannah Eccleston

(Address)..... 916 Penna ave

15- HARRY C. ANDREWS

Filed MAY 20 1917 191. Burial Permit Clerk... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1917, to May 18 1917, that I saw h.. alive on May 18 1917, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

.....

Labor Pneumonia

..... (Duration)... yrs.... mos. 5 ds.

CONTRIBUTORY (Secondary) Catarrhal Jaundice

..... (Duration)... yrs.... mos.... ds.

(Signed) Wm. N. Wagner M. D.

May 19, 1917. (Address) 1209 Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 21, 1917

20-UNDERTAKER Hannah Eccleston — ADDRESS 916 Penna ave

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Pks.

D 5422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5422

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Fray

(Residence in Baltimore: No. 1 month 7 days St.; ....yrs....mos....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. ..... Jan (Month) 29 (Day), 1912 (Year)

7-AGE. 5 yrs. 4 mos. 21 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Cal.

PARENTS.

10-NAME OF FATHER: Henry L. Fray

11-BIRTHPLACE OF FATHER (State or Country): Texas

12-MAIDEN NAME OF MOTHER: Carolina Graham

13-BIRTHPLACE OF MOTHER (State or Country): Cal

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Hayden

(Address) Johns Hopkins Hospital

15- Filed MAY 20 1917, 191.... HARRY C. ANDREWS Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 12 1917, to May 19 1917, that I saw h[illegible] alive on May 19 1917, and that death occurred, on the date stated above, at 9.35 P.M.

The CAUSE OF DEATH* was as follows:

Hydrocephalus Recurrent

Convulsions

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(Duration) yrs. mos. ds.

(Signed) E. P. Pratt M. D.

May 19, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 7 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 211 5th St NE Wash DC

19-PLACE OF BURIAL OR REMOVAL, Wyoming Del — DATE OF BURIAL, May 20, 1917.

20-UNDERTAKER Edward C. Fuller — ADDRESS 221 N Bradley

D 5423

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 D 5423

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2323 E Federal St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton Ray Rice

(Residence in Baltimore: No. 2323 E Federal St.; 15 hrs. yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May (Month) 18th (Day) 1917 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 15 hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: [illegible]
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

9-BIRTHPLACE (State or country): City Baltimore

PARENTS

10-NAME OF FATHER: Wesley H. Rice

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Mary Federal

13-BIRTHPLACE OF MOTHER (State or country): City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wesley H. Rice

(Address) 2323 Federal St

MAY 20 1917

Filed ....., 191 HARRY C. ANDREWS Registrar

Burial Permit 01312

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 19th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1, 1917, to, May 19th, 1917, that I saw h... alive on May 19, 1917, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Premature Birth. 6½ months

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Bronchial Atelectasis.

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed), Emil Friedrich M. D.

May 19, 1917 [Address] 1419 E Eager St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Bachemin Mahoney Cemetery

DATE OF BURIAL: May 20, 1917

20-UNDERTAKER: Robt S Turnbull

ADDRESS: 1492 N Broadway

Spec.—5-19-13—M. & T.—500 Bks.

D 5421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920 D 5421

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2608 Orleans ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline A. Bieche

(Residence in Baltimore: No. 2608 Orleans St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... Jan. (Month) 31 (Day), 1843 (Year)

7-AGE, 74 yrs. 3 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Bieche

(Address) 2608 Orleans St.

15- MAY 20 1917 HARRY C. ANDREWS

Filed....., 191..Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 17 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 14 1917, to May 17 1917, that I saw her alive on May 16 1917, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

..... (Duration) 1 yrs. — mos. 4 ds.

(Signed) Geo. Keller M. D.

5-18-, 191.. (Address) 1937 Gough St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Immanuels Cemet. DATE OF BURIAL, May 20, 191..

20-UNDERTAKER Louis Heeman ADDRESS 32 N Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 5425

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Maryland Ave ST.; 17 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie White

(Residence in Baltimore: No. 1713 Maryland ave St.; 1 yrs., 7 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. December 18, 1885
(Month) (Day) (Year)

7-AGE, 32 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer). Home

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, William J. Carroll

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mamie Booth

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. White

(Address) 1713 Maryland

15- MAY 20 1917 HARRY C. ANDREWS
Filed....., 191... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1917, to May 18 1917, that I saw her alive on May 17 1917, and that death occurred, on the date stated above, at 8 00 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm H Wright M. D.

May 18, 191 7 (Address) 120 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, May 1. 191 7

20-UNDERTAKER Samuel Kemsley — ADDRESS 5/8 Saville

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5426

CERTIFICATE OF DEATH.

87

D 5426

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 222 S. Bruce ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wendell J. Sepeck.

(Residence in Baltimore: No. 222 S Bruce St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Feb. (Month) 12 (Day), 1917 (Year)

7-AGE, ...yrs. 3 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Sepeck

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Bertha E Michael

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Sepeck

(Address) 1222 Bruce St

15- MAY 20 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19 1917, to May 20 1917, that I saw h[illegible] alive on May 19 1917, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Laryngismus Stridulus

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Convulsions

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) E V Cookelman M. D.

5/20/17 191... (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 22, 191.7.

20-UNDERTAKER, George Lehmat Bro — ADDRESS 2101 Linden Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5427

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5427

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 W. Lee ST.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. B. Jordan

(Residence in Baltimore: No. 619 W Lee St

St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept (Month) 2 (Day), 1910 (Year)

7-AGE, 6 yrs. 8 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William F Jordan

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Annie B. Hyatt

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William F Jordan

(Address) 619 W. Lee St

15- MAY 201917 Filed....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1917, to May 19 1917, that I saw h[illegible] alive on May 19 1917, and that death occurred, on the date stated above, at 7 15 m.

The CAUSE OF DEATH* was as follows:

Scarlet fever

(Duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary) Auto explosion

(Duration) ... yrs. ... mos. 4 ds.

(Signed) Barney Hoan M. D.

(Address) 724 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Int Pleasant Cemetery	May 21, 1917
20-UNDERTAKER James Bignall & Son	ADDRESS 1000 S. Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 5428

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1519 W. Saratoga ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Israel Jaskulsky

(Residence in Baltimore: No. 1519 W. Saratoga St.: Lifetissel ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 21 (Day), 1909 (Year)

7-AGE, 7 yrs. 9 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer): 00

9-BIRTHPLACE, (State or Country). Balt. Md.

PARENTS.

10-NAME OF FATHER, Simon Jaskulsky

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Ida Komesporsky

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis

(Address) 1411 E. Baltimore

15- MAY 20 1917 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 11, 1917, to May 19, 1917, that I saw him alive on May 19, 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) Over 5 weeks

CONTRIBUTORY (Secondary) Acute Rheumatic Fever. Complicated with Acute Endocarditis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Henry C. Olcha M. D.

May 19, 1917. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington, Md. DATE OF BURIAL, 5/22 191.7

20-UNDERTAKER Jack Levi ADDRESS 1411 E Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5429

30 D 5429

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Kanton

(Residence in Baltimore: No. 816 N. Gay St.; 15 yrs., ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1875
(Month) (Day) (Year)

7-AGE, 42 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) Mens Clothing

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore St

15- MAY 20 1917
Filed....., 191.. HARRY C. ANDREWS
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 18 1917, to May 19 1917, that I saw h[illegible] alive on May 19 1917, and that death occurred, on the date stated above, at 10.05 P.M.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(Duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Bernard S. Jacobson M. D.

May 19, 1917. (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State 15 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? (2)

Former or usual residence 816 N. Gay St.

19-PLACE OF BURIAL OR REMOVAL Hebrew Rosedale — DATE OF BURIAL, May 20, 1917

20-UNDERTAKER Jacob Lewis — ADDRESS 1411 E. Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 5430

CERTIFICATE OF DEATH.

18 D 5430

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1422 E. Balto. ST.: 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis L. Mayer

(Residence in Baltimore: No. 1422 E. Balto St. St.: 40 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Unknown (Month) ..... (Day) ....., 1850 (Year)

7-AGE. 67 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clothing 066
(b) General nature of industry, business, or establishment in which employed (or employer). Salesman

9-BIRTHPLACE. (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace R. Mayer

(Address) 126 N. Milton Ave

15-

Filed MAY 20 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1917, to May 19 1917, that I saw h— alive on May 19 1917, and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Erysipelas (Facial)

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia, Oedema

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Michael A. Krause M. D.

....., 191... (Address) 1634 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Bal. Hebrew Cem. DATE OF BURIAL, May 21, 191...

20-UNDERTAKER Wm. L. Rondeau ADDRESS 1180 W. Royal Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5431.

CERTIFICATE OF DEATH.

64 D 5431.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 N. Belnord Ave ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna S. Kastner

(Residence in Baltimore: No. 122 N. Belnord Ave St.; 65 yrs., ... mos., ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, July 27th, 1839
(Month) (Day) (Year)

7-AGE, 77 yrs. 9 mos. 20 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): (?)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Laumann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Wentzel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Vogt

(Address) 122 N. Belnord Ave

15-

Filed MAY 20 1917, 191.... HARRY C. ANDREWS

Burial Permit ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1917, to May 17 1917,

that I saw h-er alive on May 16 1917,

and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 19 ds.

CONTRIBUTORY (Secondary) Coma —

(Duration) ... yrs. ... mos. 4 ds.

(Signed) [illegible] M. D.

May 17, 1917. (Address) 125 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, May 20, 1917

20-UNDERTAKER J. Sander & Sons ADDRESS 1210 E. Lod St

Spec.—8-24-14—M. & T.—2000 Bks.

D 5432

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5432

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 136 N. Glover ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Bornemann

(Residence in Baltimore: No. 136 N. Glover St.; 63 yrs. 8 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, September 2, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. 8 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): 50

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Bornemann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frank Sauber

(Address) 136 N. Glover st

15- MAY 20 1917

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1916, to May 16, 1917, that I saw h[im] alive on May 16, 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. 10 mos. ds.

(Signed) Edward Cook M. D.

per, 191.. (Address) 1414 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetary — DATE OF BURIAL, May 21, 1917

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 D 5433

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hinda Steinback

(Residence in Baltimore: No. 906 E Fayette st St. 1 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word.)
female	white	married

6-DATE OF BIRTH, Unknown (Month), (Day), 1852 (Year)

7-AGE, 65 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work H W
(b) General nature of industry, business, or establishment in which employed (or employer) 831

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Balto st

15- Filed MAY 20 1917 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19 1917 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism fell down stairs at synagogue Low & Exeter st May 19 1917 Accident

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J Lewis (Coroner.) M. D.

May 19, 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Hebrew Southern Cem. DATE OF BURIAL, 5/20, 1917

20-UNDERTAKER Jack Lewis ADDRESS 1411 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5434

CERTIFICATE OF DEATH.

28 D 5434

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 E. Clement St.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick W. Kenney

(Residence in Baltimore: No. 619 E. Clement / St.; 22 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov. (Month) 16 (Day), 1878 (Year)

7-AGE, 38 yrs. 6 mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundry Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Shirt Frames

9-BIRTHPLACE, (State or Country), London England

PARENTS.

10-NAME OF FATHER, Frederick Kenny

11-BIRTHPLACE OF FATHER (State or Country), London England

12-MAIDEN NAME OF MOTHER Margt. Anderson

13-BIRTHPLACE OF MOTHER (State or Country). London England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Kenny

(Address) 619 E. Clement St.

15- Filed MAY 20 1917 191.. HENRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 1916, to May 14 1917, that I saw h in alive on May 14 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Several years (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. H. Cushman M. D.

5/19, 1917 (Address) 1230 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	May 21, 1917.
20-UNDERTAKER W. J. Flynn	ADDRESS 1422 Light

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5435

CERTIFICATE OF DEATH.

180 D 5435

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospe St. 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgie Elliott

(Residence in Baltimore: No. 1503 Henry St. St.; 65 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 18 (Day) 1849 (Year)

7-AGE, 67 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Ship Carpenter.
(b) General nature of industry, business, or establishment in which employed (or employer). 015

9-BIRTHPLACE, (State or Country), Holland

PARENTS.

10-NAME OF FATHER, Wm. Elliott

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Matilda Elliott

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Elliott

(Address) 1503 Henry St.

15- MAY 20 1917 Filed, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 18th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 17 1917. to May 18 1917, that I saw h[illegible] alive on May 18 1917, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

dont know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary oedema (Duration) yrs. mos. 2 ds.

(Signed) William F Dudley M. D.

5/18, 191.7. (Address) St Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. 7 ds.

Where was disease contracted, if not at place of death? dont know

Former or usual residence 1503 Henry St.

19-PLACE OF BURIAL OR REMOVAL Cathedral Cemetery DATE OF BURIAL, May 21, 191.7.

20-UNDERTAKER M. S. Flynn ADDRESS 1432 Light St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5436

CERTIFICATE OF DEATH.

64 D 5436

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1309 Hull St., 24 WARD) REGISTERED No. C.....

2-FULL NAME Elizabeth C. Buckley

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1309 Hull St.; 36 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Jan — 1 —, 1848 (Month) (Day) (Year)

7-AGE 69 yrs. 4 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... Housework at home (b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Potts

(Address) 1309 Hull St

15. Filed MAY 20 1917, 191.. HARRY C. ANDREWS Burial Permit Issuer.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May — 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 191 7, to May 17 191 7, that I saw her alive on May 17 191 7, and that death occurred, on the date stated above, at 11.25 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. C. Lauk M. D.

May 18, 1917. (Address) 1313 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, May 21., 191 7.

20-UNDERTAKER M. L. Flynn — ADDRESS 1422 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5437

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5437

CERTIFICATE OF DEATH.

64

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 So. Monroe ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Reynolds Colein

(Residence in Baltimore: No. 308 So. Monroe St.; 81 yrs., 9 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, July 28, 1835
(Month) (Day) (Year)

7-AGE, 81 yrs. 9 mos. 20 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 009
(b) General nature of industry, business, or establishment in which employed (or employer): United R.R. Clerk

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Colein

11-BIRTHPLACE OF FATHER (State or Country), Balto Co. Md.

12-MAIDEN NAME OF MOTHER Anna Reynolds

13-BIRTHPLACE OF MOTHER (State or Country), Acil Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Andrew Schade

(Address) 308 So. Monroe St

15- Filed MAY 20 1917, 191... HARRY C. ANDREWS Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 11 1917, to May 18 1917, that I saw h[illegible] alive on May 18 1917, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Acute)

Arterio Sclerosis

Hypostatic

(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) .... yrs. .... mos. 7 ds.

(Signed) Robert C. Mitchell M. D.

May 18, 191.7. (Address) 2249 Mitchell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem

DATE OF BURIAL, May 21, 191.7

20-UNDERTAKER, Joseph B. Cook

ADDRESS 1003 Balto

I. A. Certificate of death should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5433

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

61 D 5433

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2504 W. Baltimore St.; 200 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Evelyn Doris Margraf

(Residence in Baltimore: No. 2504 W. Baltimore St.; 2 yrs. 0 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Baby

6 DATE OF BIRTH: May (Month) 5 (Day), 1915 (Year)

7 AGE: 2 yrs. 0 mos. 14 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer): 00

9 BIRTHPLACE (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Chas F Margraf

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Nellie F. Schultz

13 BIRTHPLACE OF MOTHER (State or country): Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nellie F. Margraf (Mother)

(Address) 2504 W. Balto St.

15 Filed MAY 20 1917 ROBERT B. KRAUTER REGISTRAR

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 19 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1917, to May 19, 1917, that I saw her alive on May 19, 1917, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cerebrospinal Fever
(Not Epidemic)

(Duration) ... yrs. ... mos. 6 ds

Contributory (SECONDARY) not known

(Duration) ... yrs. ... mos. ... ds.

(Signed) Theo A Schaefer M. D.

May 19, 1917. (Address) 2505 W Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: WESTERN

DATE OF BURIAL: MAY 21 1917

20 UNDERTAKER: ARMSTRONG-DENNY CO.

ADDRESS: 715 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5439

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 5439

CERTIFICATE OF DEATH

113

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 809 S Charles St. ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Slacum

(Residence in Baltimore: No. 809 S. Charles St.; 18 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
male	white	widower

6-DATE OF BIRTH: March (Month) 14 (Day), 1858 (Year)

7-AGE: 59 yrs. 2 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): 196

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Washington Slacum

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Unknown.

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George H. Coppedge

(Address) 809 S Charles St

15- Filed MAY 20 1917, 191 ROBERT R. KRAUT... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May, 1915, to, May 18 1917, that I saw h... alive on May 18 1917, and that death occurred, on the date stated above, at 10:2... m.

The CAUSE OF DEATH* was as follows:

Cerebrosis Fever

(Duration) 2 yrs ..... mos. ..... ds.

Contributory (SECONDARY) Senesia

(Duration) ..... yrs 2 mos. ..... ds.

(Signed), G. H. Brayton M. D.

May 19 1917 [Address] 32 E. Cross St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: CEDAR HILL. DATE OF BURIAL: MAY 21 1917

20-UNDERTAKER: ARMSTRONG-DENNY CO. ADDRESS: 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

Loretta Zimmermann

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5440

CERTIFICATE OF DEATH.

D 5440

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Zimmermann. (Loretta)

(Residence in Baltimore: No. 1440 N. Gay St. St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 2nd (Day), 1917 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. 18 ds.	.... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Harry Zimmermann (Dead)

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Loretta Brown (Dead)

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..John W. Harris, M.D.

(Address)..Johns Hopkins Hospital

15- Filed MAY 21 1917, 191.... ROBERT B. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 20th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2nd 1917, to May 20th 1917, that I saw her alive on May 20th 1917, and that death occurred on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(Duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John W. Harris M. D.

May 20 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. 18 ds.

Where was disease contracted, if not at place of death? -

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	May 21., 1917.
20-UNDERTAKER	ADDRESS
Henry Koeck & Son	1301 E. Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 5411

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 N. Chester ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeremiah R. Regan

(Residence in Baltimore: No. 923 N. Chester St.; 27 yrs., — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Nov. (Month) ..... 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
39 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Jeremiah Regan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Sullivan

13-BIRTHPLACE OF MOTHER (State or Country), Phila. Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm. Regan

(Address) 721 N. Luzerne St

15- MAY 21 1917 Filed ....., 191.... ROBERT B. KRAUTH Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15th 1917, to May 19th 1917, that I saw h[illegible] alive on May 18. 1917, and that death occurred, on the date stated above, at 1.05 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Pulmonary Tuberculosis

had been treated at Bay View

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John A. d. ..... M. D.

May 19 1917 (Address) 1937 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cemetery	May 22, 1917
20-UNDERTAKER Henry Storck Son	ADDRESS 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 5412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 5412

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1572 Battery Av ST.: W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Inf of Jas E & Helen L. Trust

(Residence in Baltimore: No. 1572 Battery av St.: ....yrs....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Sing

6-DATE OF BIRTH, 5 (Month) 19 (Day), 1917 (Year)

7-AGE, 6 Frontal month yrs. mos. ds.

If LESS than 1 day, ...hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER. John Edw Trust

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Helen Louise Yager

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Helen Trust

(Address) 1572 Battery Av

15- MAY 21 1917 Filed....., 191.....

ROBERT R. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5, 19 1917, to 5. 19 1917, that I saw h in alive on 5 19 1917, and that death occurred, on the date stated above, at 1130 p m.

The CAUSE OF DEATH* was as follows:

Premature Birth,
6th Foetal Month,
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Fall accident
(Duration) ....yrs. 5 weeks mos. ....ds.

(Signed) L. J. Turlington M. D.

5/20. 1917 (Address) 1102 E. Fountain

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, May 21, 1917

20-UNDERTAKER E. J. Fanning — ADDRESS 1460 Battery ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 5443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 ✓ D 5443

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Battery ave ST. 7th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Geo. E. & Helen L. Trust

(Residence in Baltimore: No. 1512 Battery ave St.: ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, 5 (Month) 19 (Day), 1917 (Year)

7-AGE, 6 hr. Foetal Month yrs. ..... mos. ..... ds. If LESS than 1 day. ..... hrs. or 20 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Edw Trust

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Helen Louise Yeager

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Helen Yeager

(Address) 1512 Battery ave

15- Filed MAY 21 1917 ROBERT R. KRAUTH, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5.19 1917, to 5.19 1917, that I saw h alive on 5.19 1917 and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fall, accident

(Duration) ..... yrs. 2 wks mos. ..... ds.

(Signed) L. J. Burlington M. D.

5.20., 1917. (Address) 1512 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	May 21., 1917
20-UNDERTAKER	**ADDRESS**
E. J. Fanning	1400 Battery ave

D 5411

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5411

CERTIFICATE OF DEATH.

+170

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hotel Emerson St.: 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bruce Hatch

(Residence in Baltimore: No. N York St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, [illegible] 1881
(Month) (Day) (Year)

7-AGE, 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Construction Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): 030

9-BIRTHPLACE, (State or Country), Cal.

PARENTS.

10-NAME OF FATHER, David Hatch

11-BIRTHPLACE OF FATHER (State or Country), Maine

12-MAIDEN NAME OF MOTHER, Ida Stoffen

13-BIRTHPLACE OF MOTHER (State or Country), Maine

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. B. Hatch

(Address) 411 W. 2nd Ave. N.Y.

15- Filed MAY 21 1917, 191 ROBERT R. KRAUTER Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound in chest accidentally fired by himself

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. J. Paley M. D.
(Coroner)

May 21 191 7 (Address) 1639 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Hotel Emerson

Former or usual residence New York City

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	5/21/17

20-UNDERTAKER E. A. Fitzpatrick ADDRESS 2733 W. Baltimore

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5145

CERTIFICATE OF DEATH.

29 D 5145

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. 237 N Montford ave ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Lampkin

(Residence in Baltimore: No. 237 N Montford ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
female	col	Married

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1857 (Year)

7-AGE, 60 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... H W .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Lampkin

(Address) 237 N Montford ave

15-

Filed MAY 21 1917 191.... ROBERT B. KRAU[illegible]

Burial Permit Issued Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19 1917 (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) ..... M. D.

....., 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	May 21 1917
20-UNDERTAKER Mrs. Robt. [illegible] Elliott	ADDRESS 506 East St

D 5446

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

27 ✓ D 5446

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 326 W. Dallas ST. 3 WARD)

2 FULL NAME Frank Jones

(Residence in Baltimore: No. 326 E. Dallas St.; ..... yrs. ..... mos. ..... ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male (Female)

4 COLOR OR RACE: colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7 AGE: 34 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9 BIRTHPLACE (State or country): N.C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frances Jones

(Address) 326 S. Dallas St

15. Filed MAY 21 1917, 191 ROBERT E. KRAUSE Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 19 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apl 6, 1917, to May 19 1917, that I saw h— alive on May 18, 1917, and that death occurred, on the date stated above, at 12 0 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

Tuberculosis (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Pneumonia & heart failure

Pneumonia (Duration) 1 yrs. 1 mos. 1 ds.

(Signed), Reuben Fortune M. D.

May 19, 1917 (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Auburn Cem. DATE OF BURIAL: May 22nd 1917

20 UNDERTAKER: Harry A. Vodery ADDRESS: 1720 Orleans St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5417

CERTIFICATE OF DEATH.

28

D 5417

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1747 Orleans ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Wallace

(Residence in Baltimore: No. 1747 Orleans St.; 22 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col. a. 9.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 23 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Ob Occupation

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Benj. Fleet

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Mary Bantam

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Wallace

(Address) 1747 Orleans St

15-

Filed MAY 21 1917 191.....

ROBERT R. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 20, 1917, to May 18, 1917, that I saw her alive on May 18, 1917, and that death occurred, on the date stated above, at 5:30 p m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) yrs. 3 mos. ds.

(Signed) [illegible] M. D.

May 19, 1917 (Address) 1520 Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem — DATE OF BURIAL May 21, 1917

20-UNDERTAKER Harry A. Vodery ADDRESS 1725 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5448

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 147 N. Potomac St ST.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Lucille Young

(Residence in Baltimore: No. 147 N. Potomac St St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. W

5-SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED. (*Write* the word.)

6-DATE OF BIRTH, Dec (Month) 27 (Day), 1916 (Year)

7-AGE, ...yrs. 4 mos. ~~24~~ ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm. Young

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ethel M. Grier

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Young

(Address) 147 N. Potomac St.

15-

MAY 21 1917 191.. ROBERT R. KRAUTH

Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH May (Month) 20 (Day), 1917 (Year).

I HEREBY CERTIFY, That I attended deceased from May 17 191 7, to May 20 191 7, that I saw ~~her~~ alive on May 20 191 7, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Diphtheria Laryngitis

(Duration)....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration)....yrs....mos....ds.

(Signed) John B. Owens M. D.

May 22, 191 7 (Address) Fairmount Ave & Pine

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, May 21st, 1917.

20-UNDERTAKER Wm. B. Brothers ADDRESS 2 N. Fulton Ave.

9:30 A. M.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

REGISTERED NO. C D 5449

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Rowe

(Residence in Baltimore: No. St. Helena Md St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 26, 1855
(Month) (Day) (Year)

7-AGE, 61 yrs. 9 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... H.W. 03
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Emil Zunk

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Belle Wolfe

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) Home

15- Filed MAY 21 1917 191.. ROBERT R. KRAUTER Registrar
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-2 1917, to 5-19 1917, that I saw h e alive on 5-19 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Fracture of Neck of Femur
Accidental fall while walking across room (Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Senility
(Duration) yrs. mos. ds.

(Signed) C. A. Reitzheimer M. D.
May 19, 1917. (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 17 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? St Helena Md

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Waynesboro Pa DATE OF BURIAL, May 22, 1917

20-UNDERTAKER Roth & Jones ADDRESS 1742 W Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5450

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 5450

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1233 Hunt ave ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Wm F. Hall

(Residence in Baltimore: No. 1233 Hunt alley St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Jan (Month) 16th (Day), 1882 (Year)

7 AGE: 35 yrs. 4 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): Ship Yard

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Wm J. Hall.

11 BIRTHPLACE OF FATHER (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mary Mc Vaugh

13 BIRTHPLACE OF MOTHER (State or country): Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Sweeney (Aunt)
(Address) # 403 S Chester St.

15 Filed MAY 21 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 19 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1917, to May 19 1917, that I saw h[illegible] alive on May 19, 1917, and that death occurred, on the date stated above, at 3.6 m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 2 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O M Wheeler M. D.
May 19, 1917 (Address) 1279 Millham Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Peters Cem DATE OF BURIAL: May 22nd, 1917

20 UNDERTAKER: E & B Harle ADDRESS 115 E West St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

D 5451

91 D 5451

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 675 Vine ST.; 4 WARD) REGISTERED NO. C.....

2-FULL NAME Chas W. Curry

(Residence in Baltimore: No. 675 Vine St.; ....yrs. 18 mos. ....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col'd	Sing'l

6-DATE OF BIRTH, Sept 2, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Webster Poulton

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Julian Curry

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cornelia Wilson

(Address) 675 Vine

15-Filed MAY 21 1917 191.... ROBERT R. KRAUT Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 17 191 7, to May 17 191 7, that I saw h... alive on May 17 191 7, and that death occurred, on the date stated above, at 11P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Edocarditis

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] Attwood M. D.

May 20, 191.. (Address) 539 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 21, 1917

20-UNDERTAKER John H Stadium — ADDRESS 14 E Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

Anna S. Hollyes

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5452

CERTIFICATE OF DEATH.

79 D 5452

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3018 N Calvert St.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna S Hollyes

(Residence in Baltimore: No. 3018 N Calvert St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, May (Month) 21 (Day), 1855 (Year)

7-AGE, 61 yrs. 11 mos. 29 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bremen Germany

PARENTS.

10-NAME OF FATHER, Hermann Bultdorn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. V. Hollyes

(Address) 3018 N Calvert St.

15- Filed MAY 21 1917, 191.... ROBERT B. KRAUT... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from since years 191.., to May 19th 1917, that I saw her alive on May 19th 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Pachydermatosis, Varicose, heart disease. (Duration) several yrs. ....mos. ....ds.

(Signed) Dr. C. Deetjen M. D.

May 20th 191... (Address) 1702 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 22 191.7

20-UNDERTAKER John B Spence — ADDRESS 1323 N Caroline St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5453

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

100 X

D 5453

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1100 S. Kenwood Ave St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cantonina Ostumuk

(Residence in Baltimore: No. 1100 S Kenwood Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb. (Month) 13 (Day), 1915 (Year)

7-AGE: 2 yrs. 3 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Simon Ostumuk

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Justina Wacinkowa

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Simon Ostumuk

(Address) 1100 S. Kenwood Ave

15- Filed MAY 21 1917, 191 ROBERT R. KRAUTER REGISTRAR

Burial Permit 6671

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 19 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from May 15, 1917, to May 19, 1917, that I saw h.er alive on May 19, 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Septic Sore Throat, ORE

Contributory (SECONDARY) Septic Endocarditis (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Ryan M.D. (Duration) ..... yrs. 1 mos. ..... ds.

5-22-, 191 7 [Address] 2008 Eutaw St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Evg German Cem

DATE OF BURIAL: 21 May, 1917

20-UNDERTAKER: Stephen J Fralkowski

ADDRESS: 1619 N Kenwood Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5454

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

D 5454

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1724 McCulloh St. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Infant of Daisy McCoy

(Residence in Baltimore: No. 1724 McCulloh. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Col	Single

6 DATE OF BIRTH May (Month) 20 (Day), 1917 (Year)

7 AGE ..... yrs. ..... mos. ..... ds. | If LESS than 1 day ~~2~~ hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 00

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Jefferson McCoy

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Daisy Johnson

13 BIRTHPLACE OF MOTHER (State or country): Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jefferson McCoy

(Address) 1724 McCulloh St

15 Filed MAY 21 1917, 191 ROBERT R. KRAUT Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May (Month) 20 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1917, to May 20 1917, that I saw h~~im~~ alive on May 20, 1917, and that death occurred, on the date stated above, at 9 ~~40~~ m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Premature Birth

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw. V. Fitzgerald M. D.

5/21, 1917 (Address) 1107 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery | DATE OF BURIAL: May 21, 1917

20 UNDERTAKER: John A. Bishop | ADDRESS: 1107 Druid Hill Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5455 D 5455

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeths Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estelle Beams

(Residence in Baltimore: No. St. Elizabeths Home, St. Paul St.; 9 yrs. 6 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, Dec. (Month) 1st. (Day), 1907 (Year)

7-AGE,	If LESS than 1 day,
14 yrs. 5 mos. 19 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School-girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Beams

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Emma Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) mother Mildred

(Address) St Elizabeths Home

15-

Filed MAY 21 1917, 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 18th (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8th 1917, to May 18, 1917, that I saw her alive on May 17, 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Acute P. tuberculosis

(Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edgar B. Freedmald M. D.

May 18, 1917. (Address) 1614 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 9 yrs. 6 mos. 3 ds. In the State ....yrs. Life mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral entry

DATE OF BURIAL, ..., 191...

20-UNDERTAKER J. H. Holland

ADDRESS 631 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 5456 92 D 5456

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Field

(Residence in Baltimore: No. 601 Cathedral St.; ....yrs., ? mos. ? ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS making CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	widower

6-DATE OF BIRTH, November (Month) 15th (Day) 1857 (Year)

7-AGE, 59 yrs. 5 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Surgeon ✓
(b) General nature of industry, business, or establishment in which employed (or employer)..... 04 ✓

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Chas. Field

11-BIRTHPLACE OF FATHER (State or Country), Kentucky

12-MAIDEN NAME OF MOTHER Nannie Mason

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. C. Feezer M.D.

(Address) Union Prot. Infirmary

15-

Filed: MAY 21 1917, 191.... ROBERT E. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 20th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19th 1917, to May 20th 1917, that I saw him alive on May 20th 1917, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration).....yrs.....mos. 24 ds.

CONTRIBUTORY (Secondary) Pleurisy

..... (Duration).....yrs.....mos. ? ds.

(Signed) Hugh T. H. Gill M. D.

....., 191.7. (Address) Union Protestant Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. mos. 1 ds. In the State ?.....yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home ?

Former or usual residence 601 Cathedral St Balto.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount Cem	5-22..., 191.7
20-UNDERTAKER H. W. Jenkins Sons Co	ADDRESS Orchard Mc Culloch Sts

Spec.—8-24-14—M. & T.—2000 Bks.

D 5457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

D 5457

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 E. Fairmount Ave. ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Schaefer.

(Residence in Baltimore: No. 1818 E. Fairmount Ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, October 17, 1859.
(Month) (Day) (Year)

7-AGE, 57 yrs. 7 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Martin Schaefer.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Frances Bonner

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Zech

(Address) 1818 E. Fairmount Ave.

15-

Filed MAY 21 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 9 191 7, to May 19 191 7, that I saw h[illegible] alive on May 19 191 7, and that death occurred, on the date stated above, at 5 30 a. m.

The CAUSE OF DEATH* was as follows:

1 Hour — Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. 3 ds.

(Signed) John F. Young M. D.

May 21, 191 7 (Address) Fairmount Ave & Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Most Holy Redeemer	May 22, 1917.
20-UNDERTAKER Lilly and Zeller	ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5458

CERTIFICATE OF DEATH.

28

D 5458

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 N. Dallas ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Jones

(Residence in Baltimore: No. 810 N. Dallas St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, ... Jan (Month) 18 (Day), 1887 (Year)

7-AGE, 30 yrs. 4 mos. 7 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Domestic 07
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Pd Occupation

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, George Tay

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Maria Kellum

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Thornton

(Address) 810 N. Dallas St.

15- MAY 21 1917 Filed ....., 191.. ERNEST K. KRAUTER Registrar. Bureau of Records

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/3/1917, to 5/8/1917, that I saw h alive on 5/8/1917, and that death occurred, on the date stated above, at 12.45 a.m.

The CAUSE OF DEATH* was as follows:

Pellagra Palmonalis

General

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) William Field Roy M. D.

5/8/1917 (Address) 1327 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Eastville Va	May 21, 1917

20-UNDERTAKER Chas G Bailey

ADDRESS 132 Hoffman St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

109 ✓ D 5459

CERTIFICATE OF DEATH.

D 5459

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 S. Bond ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Juchno

(Residence in Baltimore: No. 601 S. Bond St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Unknow. (Month), 1866. (Day) (Year)

7-AGE, 51 yrs. 0 mos. 0 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife.
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Austria. Poland

PARENTS.

10-NAME OF FATHER, Albert Works.

11-BIRTHPLACE OF FATHER (State or Country), Austria Poland.

12-MAIDEN NAME OF MOTHER Unknow.

13-BIRTHPLACE OF MOTHER (State or Country), Austria Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kasper Juchno.

(Address) 601 S. Bond St.

15- MAY 21 1917 Filed....., 191.....

ROBERT R. KRAUTER (Registrar)

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 20 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 18 1917, to May 20 1917, that I saw her alive on May 20 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Rehberger M. D.

May 21, 1917. (Address) 1709 Aliceanna

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Cem.,

DATE OF BURIAL, MAY 22 1917

20-UNDERTAKER M. F. Sadowski.

ADDRESS 705 S. Ann St.

R. B.—Every item of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1917
5 6
7

Ellen C. Hall.

D 5460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

D 5460

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1200 Argyle Ave. St. 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen C. Hall

(Residence in Baltimore: No. 1200 Argyle Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1847 (Year)

7-AGE, 69 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). " Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Harris

(Address) 710 Lanvale

15- MAY 21 1917 ROBERT R. KRAUS

Filed....., 191.... Burial Permit Issued

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis & Insufficiency

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Wallace Lennox M. D.
(Coroner)

May 21, 191.7 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). Born

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Laurel Cem

DATE OF BURIAL, May 21, 191.7

20-UNDERTAKER Lauds Newsley

ADDRESS 5 Bloxsdale

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

35 D 5461

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. Johns Hopkins Hospital ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Langford Lowell

(Residence in Baltimore: No. 503 N Biddle St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 19 (Day), 1915 (Year)

7-AGE, 1 yrs. 5 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jos Lowell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jane Lowell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno Lowell

(Address) Johns Hopkins Hospital

15- Filed MAY 21 1917, 191.... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17, 1917, to May 19 1917, that I saw h.... alive on May 19 1917, and that death occurred, on the date stated above, at 3.50 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis general

(Duration) 0 yrs. 0 mos. 19 ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry B. Conrad M. D.

May 19, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 503 N Biddle St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, May 21 1917

20-UNDERTAKER Samuel H Hensley

ADDRESS 57 E Biddle

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5462 D 5462

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeths Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Warfield

(Residence in Baltimore: No. St. Elizabeth's Home, St. Paul St.; 3 yrs., 11 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	

6-DATE OF BIRTH, May 5, 1911
(Month) (Day) (Year)

7-AGE, 6 yrs. 0 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed MAY 21 1917 191.... ROBERT R. KRAUSE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 10, 1917, to May 17, 1917, that I saw her alive on May 17, 1917, and that death occurred, on the date stated above, at 10:30 A. m.

The CAUSE OF DEATH* was as follows:

General Miliary Tuberculosis

(Duration) ....yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) ....yrs. ....mos. 15 ds.

(Signed) Edgar D. Macdonald M. D.

May 18, 1917. (Address) 616 E. Lenden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. 11 mos. 12 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Commissioner Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5463

CERTIFICATE OF DEATH.

92

D 5463

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter E. Ault

(Residence in Baltimore: No. 1152 Columbia Ave St.; ....yrs. 16 mos. ....ds.)

NOTE.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ...Dec.... (Month) ....23.... (Day), 1915 (Year)

7-AGE, ...1.... yrs. ....5.... mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harry E. Ault

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Minnie Fox

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry E. Ault

(Address) 1152 Columbia Ave

15-

Filed MAY 21 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...May.... (Month) ....20.... (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26th 1917, to May 20th 1917, that I saw h-- alive on May 20th 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

.....Otitis.....

.....Empyema.....

.....

..... (Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary) ....acute lobar pneumonia....

..... (Duration) ....yrs. ....mos. 3 ds.

(Signed) ....H. L. Rasken.... M. D.

May 20, 1917 (Address) ....H. H.....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 24 ds. In the State ....yrs. 9yrs mos. ....ds.

Where was disease contracted, if not at place of death? 1152 Columbia Ave

Former or usual residence 1152 Columbia Ave

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, May 22, 1917

20-UNDERTAKER Jos Joerdens, Son — ADDRESS 217 S. Pac

D 5464

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5464

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1423 W Saratoga St

CITY OF BALTIMORE (No. [redacted] ST., [redacted] WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruby M Wortham

(Residence in Baltimore: No. 1423 W Saratoga St.; yrs. 11 mos. 7 ds.)

(2 days)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug. (Month) 27 (Day), 1905 (Year)

7-AGE, 11 yrs. 9 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)..... 00

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Walter S. Wartham

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Clara Steffe

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Wartham

(Address) 1423 W Saratoga

15- MAY 21 1917 Filed..... 191... ROBERT B. KRAUTZ Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry,) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry,) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Endo Carditis
Inflamatory Rheumatism
(Duration) yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) acute Dilatation
Heart (Duration) ....yrs. ....mos. ....ds.

(Signed) James M Hanlon M. D.
(Coroner.)
May 19 191.7 (Address) 707 E Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos. 2 ds.
Where was disease contracted, if not at place of death?.....
Washington D.C.
Former or usual residence Washington D.C.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL.
Loudon Park Cemetery	May 21st, 1917

20-UNDERTAKER J B Wishart ADDRESS 1738 Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5465

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5465

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 N. Arlington Ave. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Sawkins

(Residence in Baltimore: No. 720 N. Arlimgton Ave. St.; 58 yrs., 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June 29th, 1858
(Month) (Day) (Year)

7-AGE, 58 yrs. 20 mos. ds.

If LESS than 1 day, hrs. or mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Member of Firm
(b) General nature of industry, business, or establishment in which employed (or employer): Harlem Paper Co

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frederick A. Sawkins

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Georgeanna Wheatley

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna M. Sawkins

(Address) 720 N. Arlington Ave.

15- MAY 21 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1916, to May 19th 1917, that I saw him alive on May 19th 1917, and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Aortic Stenosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) yrs. 3 mos. ds.

(Signed) Hubert F. Stevenson M. D.

May 20, 191.7 (Address) 1227 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, May 22, 191.7

20-UNDERTAKER Joseph B. Cole ADDRESS 1002 W. Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5466

CERTIFICATE OF DEATH.

154 D 5466

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 West 36th. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia King

(Residence in Baltimore: No. 905 West 36th., St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 5th, 1830
(Month) (Day) (Year)

7-AGE, 87 yrs. 1 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Washington Co., Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Rev. Lloyd E. Coblentz
(Address) 416 N. Calhoun St.

15- Filed MAY 21 1917, 191... ROBERT R. KRAUTER Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to May 20 1917, that I saw her alive on May 18-19 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

There was no specific disease causing death. Patient merely weakened progressively

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

May 21 1917. (Address) 846 W 36th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, May 22, 191.

20-UNDERTAKER Joseph B Cook ADDRESS 1002 W Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 E. 21st ST.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin L. Marshall

(Residence in Baltimore: No. 1125 E. 21st St.; yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May (Month) 20 (Day), 1869 (Year)

7-AGE, 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Harrisonburg Va

PARENTS.

10-NAME OF FATHER, David Marshall

11-BIRTHPLACE OF FATHER (State or Country) Rumney West Va

12-MAIDEN NAME OF MOTHER Selena Marshall

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John R. Higgins

(Address) Goldsboro N.C.

15- MAY 21 1917 Filed, 191. ROBERT E. KRAUS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15- 1917, to May 20- 1917, that I saw him alive on May 19- 1917, and that death occurred, on the date stated above, at 6-30 a m.

The CAUSE OF DEATH* was as follows:

Cellulitis of Face
(Started with swelling of lip.)
(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Elmer G. Hall M. D.

May 21-, 191.7 (Address) 1617 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Goldsboro N.C. DATE OF BURIAL, May 21, 1917.

20-UNDERTAKER Geo J Smith ADDRESS 1000 W Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5468

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5468

REGISTERED NO. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1211 McCulloh ST.: 11 WARD)

2. FULL NAME Gertrude L Spurrier

(Residence in Baltimore: No. 1211 McCulloh St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6. DATE OF BIRTH March 26, 1878 (Month) (Day) (Year)

7. AGE 39 yrs. 1 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (State or country) Brooklyn N. Y.

PARENTS

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (State or country) New York

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (State or country) New York

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clarence H Forrest

(Address) 1211 McCulloch

15. Filed MAY 21 1917, 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 20, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1917, to, to May 20 1917, that I saw her alive on May 20, 1917, and that death occurred, on the date stated above, at 8. P. m.
The CAUSE OF DEATH* was as follows:

Uterine Carcinoma

..... (Duration) ..... yrs. 10 mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), J. J. Fiser M. D.

May 21, 1917 (Address) 742 N Wolfe man

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL May 22, 1917

20. UNDERTAKER Geo J Smith — ADDRESS 1000 W Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5469

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5469

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1124 Division St. ST. 11 WARD)

2-FULL NAME Theodore B Hall

(Residence in Baltimore: No. 1121 Division St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: December (Month) (Day), 1889 (Year)

7-AGE: 28 yrs. mos. ds.; If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Public

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: James W. Hall

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Annie Butler

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Hall

(Address) 1111 Druid Hill Ave

15. Filed MAY 21 1917 ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 20 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 11, 1917, to May 20 1917, that I saw h[im] alive on May 19, 1917, and that death occurred, on the date stated above, at 8.44 a.m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(Duration) yrs. mos. 8 ds

Contributory (SECONDARY) Gastric Ulcer

(Duration) yrs. mos. 8 ds.

(Signed) Edward V Fitzgerald M. D.

5/20, 1917 (Address) 1118 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Saint Peters Cemetery — DATE OF BURIAL: 5-22.1917.

20-UNDERTAKER: Felix V. Pye — ADDRESS: 1623 E Fayette St

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5470 — 79 — D 5470

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 W. LaFayette Ave | 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Rebecca Matthews

(Residence in Baltimore: No. 235 W. LaFayette St.; 43 yrs., ? mos., ? ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. September 20, 1838 (Month) (Day) (Year)

7-AGE. 78 yrs. 8 mos. 0 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Amos Matthews

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ellen Marsh

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ellen Matthews

(Address) 235 W LaFayette

15- HARRY C. ANDREWS

Filed MAY 21 1917 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from abt 1910, to May 20th 1917, that I saw her alive on May 17th 1917, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Stomach

Hypocardiac Failure of Heart

Anemia

(Duration) 7 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 7 yrs. ... mos. ... ds.

(Signed) C B Gamble M. D.

May 21, 1917. (Address) 2 W. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓ ✓ ✓ ✓

Former or usual residence ✓ ✓ ✓ ✓

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, May 22, 1917.

20-UNDERTAKER Stewart & Bowers Co — ADDRESS 108 W North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 5471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29

D 5471

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 Harlem Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Green

(Residence in Baltimore: No. 723 Harlem Ave. St.; life yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, September 9th, 1892
(Month) (Day) (Year)

7-AGE, 24 yrs. 8 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bundle wrapper
(b) General nature of industry, business, or establishment in which employed (or employer): in Store 080

9-BIRTHPLACE, (State or Country) Maryland.

PARENTS.

10-NAME OF FATHER, Francis A Green

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ada Lee

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Sorensen

(Address) 723 Harlem Ave

15- Filed MAY 21 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 4 1917, to May 20 1917, that I saw her alive on May 20 1917, and that death occurred, on the date stated above, at 8.15 a. m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(Duration) 3w yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James Brown M. D.

May 20, 191.7 (Address) 1837 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	May 22, 191.7
20-UNDERTAKER William Cook.	ADDRESS 502 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5472

CERTIFICATE OF DEATH.

64 D 5472

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 N Patterson Park Av St.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Joseph Korn Sr

(Residence in Baltimore: No. 1708 N Patterson Park av St.; 60 yrs.,.....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 19 (Month) (Day), 1848 (Year)

7-AGE, 69 yrs. 2 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer. 07

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Korn.

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline E Korn

(Address) 1708 N. Patterson Pk Ave

15- MAY 21 1917 BURIAL PERMIT ISSUED

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1917, to May 21 1917, that I saw h~~im~~ alive on May 20 1917, and that death occurred, on the date stated above, at 8 15 a m.

The CAUSE OF DEATH* was as follows:

Left Hemaphlegia

.....

.....

..... (Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) yrs. 3 mos. ds.

(Signed) O B Carman M. D.

May 21 191.7 (Address) 1707 N Caroline st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, May 23, 1917.

20-UNDERTAKER Wm Cook ADDRESS 602 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 5473

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5473

CERTIFICATE OF DEATH.

61

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1143 N Woodyear ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Foreman

(Residence in Baltimore: No. 1143 N Woodyear St.; 46 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Col.	Widow

6-DATE OF BIRTH, Dec 11, 18[illegible]
(Month) (Day) (Year)

7-AGE, 68 yrs. 5 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Cole

(Address) 1143 N Woodyear St.

15. Filed MAY 21 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21st, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 17 1917, to May 21 1917, that I saw h.r alive on May 21 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebro Spinal Meningitis.

(Duration) ....yrs. 5 mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jno. S. Shirley M. D.

May 21, 1917 (Address) 208 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 23, 1917

20-UNDERTAKER Sam'l Brockbank — ADDRESS 460 Mosher

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5474

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2808 Madison St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D. Bacon

(Residence in Baltimore: No. 2808 Madison St.; 86 yrs., 8 mos., 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~Single~~, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Aug. 23, 1830 (Month) (Day) (Year)

7-AGE, 86 yrs. 8 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. William D. Bacon

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Susanna Mallard

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. C. Ball

(Address) 2808 Madison Ave

15- FILED MAY 24 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner) May 24, 1917. (Address) 8 W. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, May 22 1917

20-UNDERTAKER Geo. W. Little — ADDRESS 531 N Fremont Ave

D 5475

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5475

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 440 N Luzerne ave St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie C Reis

(Residence in Baltimore: No. 440 N Luzerne ave St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
female	white	married

6-DATE OF BIRTH, May 13 (Month) 1848 (Day), 1 (Year)

7-AGE, 69 yrs. mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work H W
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Henry/Hertzman Balto

PARENTS.

10-NAME OF FATHER, Henry Hertzman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Reis

(Address) 440 N Luzerne ave

15- Filed MAY 21 1917, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19m. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wm. Faulkner (Coroner.) M. D.

May 20 1917 191... (Address) N.E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, May 22 1917

20-UNDERTAKER J. G. Moran ADDRESS 3000 E Baltimore

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5476

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 N. North Ave. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Dodd Sr

(Residence in Baltimore: No. 2931 N. North Ave St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 6, 1838 (Month) (Day) (Year)

7-AGE, 78 yrs. 5 mos. 13 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Alex Dodd

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Gachsa

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Dodd

(Address) 2931 N. North Ave

15-

Filed MAY 21 1917, 191 HARRY C. ANDREWS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10th 1917, to May 19th 1917, that I saw h[illegible] alive on May 19th 1917, and that death occurred, on the date stated above, at 8 55 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) — yrs. — mos. — ds.

(Signed) Eugene Dugley M. D.

May 20, 1917 (Address) 820 W. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, May 22 1917

20-UNDERTAKER Albert E. Fuller ADDRESS 221 N Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7134

1-PLACE OF DEATH Womans Hospital

CITY OF BALTIMORE: (No. ..... ST.; 8 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Nellie Morris

(Residence in Baltimore: No. Womans Hospital St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February 20th, 1887
(Month) (Day) (Year)

7-AGE, 30 yrs. 3 mos. 1 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Dennis R Holmes

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Margaret E Richmond

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dennis R. Holmes

(Address) 4026 Belle Ave B. Towson

15- MAY 21 1917 HARRY C. ANDREWS
Filed ..... 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1917, to May 21 1917, that I saw h er alive on May 21 1917, and that death occurred, on the date stated above, at 1000 Am.

The CAUSE OF DEATH* was as follows:

Secondary hemorrhage
(following incomplete abortion
operative.)
(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Incomplete abortion
(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Richard Lee Silverstein M. D.

May 21, 1917 (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 1 ds. In the State 30 yrs. 3 mos. 1 ds

Where was disease contracted, if not at place of death? At place of death

Former or usual residence Hyattsville Md.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, May 23rd, 1917.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Over

Spec.--8-24-14—M. & T.--2000 Bks.

D 5478

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

D 5478

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 W. Biddle St.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Lee Foos

(Residence in Baltimore: No. 1-26 W. Biddle St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ...Feb..... (Month) ....1..... (Day) ....1884..... (Year)

7-AGE, ...28.... yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country), Balto. City.

PARENTS.

10-NAME OF FATHER, Joseph Hawley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ella Telfair

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Foos

(Address) 512 W. Biddle St.

15- MAY 21 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 18th 1917, to May 19th, 1917, that I saw h[er] alive on May 18th 1917, and that death occurred, on the date stated above, at 7.40 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 6 mos. 18 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Lee Ellis M. D.

May 21, 1917 (Address) 1726 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W. Lawn Cem.

DATE OF BURIAL, May....., 191.7

20-UNDERTAKER Samuel Hawley

ADDRESS 512 W. Biddle St.

N.B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5479

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 D 5479

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1706 Park Ave ST. 14 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Forney Young

(Residence in Baltimore: No. 1706 Park Ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	white	widowed

6 DATE OF BIRTH: July (Month) 14 (Day), 1841 (Year)

7 AGE: 75 yrs. 10 mos. 6 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Hanover Pa.

PARENTS

10 NAME OF FATHER: Jacob Forney

11 BIRTHPLACE OF FATHER (State or country): Hanover Pa

12 MAIDEN NAME OF MOTHER: Elizabeth Windbrenner

13 BIRTHPLACE OF MOTHER (State or country): Hanover Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J Forney Young

(Address) 1706 Park Ave

15 Filed MAY 21 1917, 191 HARRY C. ANDREAE Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 20 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 21, 1917, to May 20th 1917, that I saw her alive on May 20, 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Patient has gradually shown advancing senility. Since March 21st weaker but no special malady. Sudden death probably Embolism

Contributory (SECONDARY) Arteria - sclerosis. (Duration) some years

(Signed) Clement A Penrose M. D.

May 21st, 1917 (Address) 216 East Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hanover Pa	May 22, 1917

20 UNDERTAKER	ADDRESS
H Eytinge	17 S Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5480

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St., WARD)

2-FULL NAME ~~Unknown~~ Guy M. Fantine

(Residence in Baltimore: No. 765 N. Lexington St.; yrs., 40 mos. ds.)

REGISTERED No. C D 5480

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1863 (Year)

7-AGE, 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Italy.

PARENTS.

10-NAME OF FATHER, Joseph Fantine

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER P. Drita

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Guy M. Fantine

(Address) 765 N. Lexington

15- MAY 21 1917 Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Duration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. J. Kelly M. D. (Coroner.)

May 19, 1917 (Address) 1657 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cem.	May 22, 1917
20-UNDERTAKER	ADDRESS
Jno. J. Cahey & Sons	1318 Eutaw St

D 5481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 D 5481

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1617 Eastern Ave ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maryan Sklodowska

(Residence in Baltimore: No. 521 S. Ann St St. 10 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widow

6-DATE OF BIRTH. ..... Aug. (Month) 19 (Day), 1902 (Year)

7-AGE. 10 yrs. 9 mos. ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shoebox
(b) General nature of industry, business, or establishment in which employed (or employer)..... " "

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Bronislaw Sklodowski

11-BIRTHPLACE OF FATHER (State or Country). Poland

12-MAIDEN NAME OF MOTHER Mary Kujawa

13-BIRTHPLACE OF MOTHER (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Sklodowska

(Address) 521 S Ann

15- Filed MAY 21 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to h.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull - Street Car
Automobile - Accident

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)

(Duration)..... yrs..... mos..... ds.

(Signed) Thomas Ryan Dunstan (Coroner) M. D.

May 1, 1917. (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, May 22, 1917

20-UNDERTAKER Wm Frallowick — ADDRESS 1118 Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5482

CERTIFICATE OF DEATH.

40 D 5482

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 W Lexington ST.) 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Zywicka

(Residence in Baltimore: No. 514 W. Lexington ave. St.; 30 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Oct. (Month) 17 (Day), 1878 (Year)

7-AGE, 38 yrs. 7 mos. 04 ds. If LESS than 1 day, ...hrs. or.....mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Michal Pjenski

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Frances Matelska

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Zywicki

(Address) 514 W. Lexington

15-

Filed MAY 21 1917, 191.... MARY C. LEMMEY, Registrar.

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 18 1917, to May 19 1917, that I saw her alive on May 19 1917, and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(Clinical)

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F Brickell M. D.

May 20, 1917. (Address) 100 N. Linwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL, 191..
Holy Rosary	Mon. 23
20-UNDERTAKER	ADDRESS
Wm Fitzpatrick	1618 Eastern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5483

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1503 E. Fountain ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Minker

(Residence in Baltimore: No. 1503 E. Fountain St.; 1 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Child

6-DATE OF BIRTH, 5 Nov (Month) (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 6 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto city Md

PARENTS.

10-NAME OF FATHER, Sam Minker

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Dina Flaf

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos Lewis

(Address) 1411 E Balto St

15- Filed MAY 22 1917, 191 ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1917, to May 21 1917, that I saw h[illegible] alive on May 21, 1917, and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) 2 mos.

CONTRIBUTORY (Secondary) ap

(Duration) yrs. mos. ds.

(Signed) Isaac M. Wright M. D.

May 21, 191 7 (Address) 1807 E. Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Mt Carmel	5/22, 191 7
20-UNDERTAKER Jos Lewis	ADDRESS 1411 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 ✓ D 5484

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Jos. Hosp. St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Linck

(Residence in Baltimore: No. N.E. Cor. Ashland Ave & Eden St. St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ...(Month).... ....(Day).... 1 (Year)

7-AGE, 74 yrs. 2 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Newell E. Brown

(Address) 912 N. Caroline St

15-

Filed MAY 22 1917, 191....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1917, to May 19 1917, that I saw him alive on May 19 1917, and that death occurred, on the date stated above, at 5:05 m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis.
Chronic Myocarditis.
Mitral Regurgitation.
(Duration) yrs. 7 mos. 20 ds.

CONTRIBUTORY (Secondary) Hypostatic Cong.
(Duration) yrs. mos. 2 ds.

(Signed) H. Merkel M. D.

....., 191... (Address) St. Jos Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 20 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Does Not Know

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Com. | DATE OF BURIAL, May 23, 191 7

20-UNDERTAKER Frank A. Fink | ADDRESS 915 N. Gay St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5485

CERTIFICATE OF DEATH.

D 5485

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2433 Fleet ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Bodein

(Residence in Baltimore: No. 2433 Fleet St.; 66 yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb. (Month) 13th (Day), 1849 (Year)

7-AGE, 88 yrs. 3 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 25 years

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Bodein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilhelmina Bodein

(Address) 2433 Fleet St

15-

Filed MAY 22 1917, 191.....

ROBERT R. KRAUTER

Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1917, to May 19 1917, that I saw h.m alive on May 19 1917, and that death occurred, on the date stated above, at 4.55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Tubal Nephritis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) O Lowe M. D.

May 21, 1917. (Address) 2101 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Matthews Cem — DATE OF BURIAL, May 22, 1917

20-UNDERTAKER H. Sander Sons — ADDRESS 1710 Fleet St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5486

CERTIFICATE OF DEATH.

126 ✓

D 5486

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 S. Montford Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Laake

(Residence in Baltimore: No. 729 S. Montford Ave St.; 57 yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ... Sept (Month) 28 (Day), 1842 (Year)

7-AGE, 74 yrs. 7 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired 13 years

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Bertha Schneeman

(Address)..... 729 S. Montford Ave

15- Filed MAY 22 1917 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb — 1917, to May 19 — 1917, that I saw h — alive on May 18 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

2
Prostate Hypertrophy etc —

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Cystitis

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) H. Peet Brown M. D.

May 21, 1917. (Address) 125 E. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Learned Cem. DATE OF BURIAL, May 22nd, 1917.

20-UNDERTAKER H. Sander Sons ADDRESS 1741 Pect St.

Spec.—5-19-13—M. & T.—500 Bks.

D 5487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 D 5487

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1711 Eastern Av ST.; 7 WARD)
2-FULL NAME Margarette Forsch
(Residence in Baltimore: No. 1711 Eastern Av. St.; 60 yrs. mos. ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, April 18, 1834 (Month) (Day) (Year)

7-AGE, 83 yrs. 1 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Herman Forsch
(Address) 1711 Eastern Ave

15- Filed MAY 22 1917 191... ROBERT R. KRAUTER Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19th (Month) 19th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14th 1917, to May 19th 1917, that I saw h e alive on May 19th 1917, and that death occurred, on the date stated above, at 2.50 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism
Following Mitral Stenosis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Herman Forsch M. D.
May 21, 1917. (Address) 1700 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	May 22 191...
20-UNDERTAKER H. Sander & Sons	ADDRESS 1710 Eut St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5488

CERTIFICATE OF DEATH.

92 D 5488

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 W. 35th street ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Spicer

(Residence in Baltimore: No. 836 W. 35th street St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) widower

6-DATE OF BIRTH, July 12, 1840 (Month) (Day) (Year)

7-AGE. 76 yrs. 10 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)..... Grocery 10 years

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Spicer

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Sarah Motyer

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant)..... Florence Roland
(Address)..... 3326 Cedar Ave.

15- Filed MAY 221917 191.... ROBERT R. KRAUTER
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20th, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 16 1917, to May 20 1917, that I saw h[illegible] alive on May 20 1917, and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature], M. D.

May 21, 1917. (Address) 846 W. 36th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loraine cemetery

DATE OF BURIAL, May 22, 1917

20-UNDERTAKER A. S. Marshall 3539

ADDRESS Falls Road

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5489

CERTIFICATE OF DEATH.

79 ✓ D 5489

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1760 Gorsuch Ave ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Carlisle.

(Residence in Baltimore: No. 1760 Gorsuch Ave St.: 66 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (~~Write~~ the word.) Married

6-DATE OF BIRTH, April (Month) 1 (Day), 1837 (Year).

7-AGE, ... yrs. 1 mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mary Carlisle

(Address) 6 W. 21st St

15- MAY 22 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1916, to May 21 1917, that I saw h im alive on May 20 1917, and that death occurred, on the date stated above, at 2301 m.

The CAUSE OF DEATH* was as follows:

Old age.
Heart Failure
(Duration) ... yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)
..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Chas A Schaefer M. D.

May 21, 191.. (Address) 2013 W. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK. DATE OF BURIAL, MAY 23 1917.

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

D 5490

HEALTH DEPARTMENT—CITY OF BALTIMORE

168 D 5490

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1004 Boyd ST.) 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis McDonough

(Residence in Baltimore: No. 1004 Boyd St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 14, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Michael McDonough

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary E Williams

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael McDonough

(Address) 1004 Boyd St

15-

Filed MAY 22 1917 ROBERT R. KRAUSER 191.....
Burial Permit Clerk Registrar.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of skull accident
Struck by motor truck
Instantaneous

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) none

(Duration).....yrs.....mos.....ds.

(Signed) James M Fenlon M. D.
(Coroner)

May 21 1917 (Address) 200 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, May 22, 1917

20-UNDERTAKER John F Cowan & Son — ADDRESS 901 Hollins St

Wrong Make!

Lorena Maker

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5491

CERTIFICATE OF DEATH.

175 D 5491

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. On St. Mosher & ST.: 14 WARD)

near Penn. Ave

2-FULL NAME Lorena Maker

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 618 Mosher St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 23, 1914
(Month) (Day) (Year)

7-AGE, 3 yrs. 11 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Walter Mabel

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sara Brown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 618 Mosher St

15- Filed MAY 22 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Killed by motor Car

a Mack Truck

Accidental (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Crushed by Car

(Duration) yrs. mos. ds.

(Signed) J. Mullaney M. D.
(Coroner.)

May 22, 191.. (Address) 8 S. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 24, 191.)

20-UNDERTAKER, Daniel Easton — ADDRESS 913 Pennsa Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5492

CERTIFICATE OF DEATH.

+150 D 5492

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Perry

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Apr. (Month) 1st (Day), 1916 (Year)

7-AGE, 1 yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Herbert Perry

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Marie Abbott

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Asst. Mercy Hosp.

(Address)..... Balto. Md.

15-

Filed MAY 22 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 22 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 16 1917, to May 22 1917, that I saw h[illegible] alive on May 22 1917, and that death occurred, on the date stated above, at 8:00 a. m.

The CAUSE OF DEATH* was as follows:

Hydro Ex Pulmonis

..... (Duration) yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) ..... now

..... (Duration) yrs. ....mos. ....ds.

(Signed) Elwood Bennett M. D.

May 21, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. 5 ds.

Where was disease contracted, if not at place of death? Wood, N. C.

Former or usual residence Wood, N. C.

19-PLACE OF BURIAL OR REMOVAL, Franklinton N C — DATE OF BURIAL, May ....., 191...

20-UNDERTAKER George A Finley — ADDRESS Fulton Fayette

Spec.—5-19-13—M. & T.—500 Bks.

Earle Green

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5493

CERTIFICATE OF DEATH.

104

D 5493

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 McElderry St.; 5 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earle Greer

(Residence in Baltimore: No. 530 McElderry St St.; yrs., 3 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Feb 20, 1917. (Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) 530 McElderry St

PARENTS.

10-NAME OF FATHER, Chas. T. Greer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Hallenger Worth

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mable Greer

(Address) 530 McElderry St

15- MAY 22 1917 ROBERT R. KRAUTER

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1917, to May 20 1917, that I saw h ~~e~~ alive on May 20 1917 and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

Gastro enteritis and Diarrhoea

(Duration) ....yrs. ....mos. 3 4 ds.

CONTRIBUTORY (Secondary) Artificial Feeding

(Duration) ....yrs. ....mos. 10 ds.

(Signed) Richard L. Garlinger M. D.

May 20, 1917. (Address) 1514 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, May 22 1917.

20-UNDERTAKER R. C. Gross ADDRESS 1406 McElderry

Spec.—8-24-14—M. & T.—2000 Bks.

D 5494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 5494

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE—(No. Franklin Sq. Hospital ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert J. Jackson

(Residence in Baltimore: No. 1317 Hollins Street St.; ....yrs....mos....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH October 22nd, 1857
(Month) (Day) (Year)

7-AGE, 60 yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Turner
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Cumberland Md.

PARENTS.

10-NAME OF FATHER, Daniel Jackson

11-BIRTHPLACE OF FATHER (State or Country), Norway

12-MAIDEN NAME OF MOTHER Mary J. Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Norway

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Robert J. Jackson

(Address) 1317 Hollins Street

15-MAY 22 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl 23 1917, to May 20 1917, that I saw h— alive on May 20 1917, and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall
Bladder

(Duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Marshall Mus M. D.

May 22, 1917. (Address) 2311 Hasleton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1317 Hollins St

19-PLACE OF BURIAL OR REMOVAL, London Park Cem

DATE OF BURIAL, 5-23-, 1917.

20-UNDERTAKER Robert Brooks & Son

ADDRESS S.E. Cor Calhoun & Hollins Sts

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5495

D 5495

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Moore

(Residence in Baltimore: No. 2207 Madison Ave St.; 15 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widowed

6-DATE OF BIRTH, ... Unknown ..... (Month) ..... (Day), 1859 (Year)

7-AGE, 58 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Moore

(Address) 1352 Stockton st

15-

Filed ....., 191.....

Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... (Month) ..... 20 ..... (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7, 1917, to May 20, 1917, that I saw him alive on May 20, 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

..... (Duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) Aneurism dilatation.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

May 20, 1917. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 13 ds. In the State 58 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 2207 Madison Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemtry — DATE OF BURIAL, May 22, 1917

20-UNDERTAKER James H. Dennis — ADDRESS 1203 Pennsylvania

D 5496 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5496

CERTIFICATE OF DEATH. 158

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Hanover St.Bridge. Foot of Hanover St. ST. 18 WARD) REGISTERED NO. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M.Klein.

(Residence in Baltimore: No. 910 W.Fayette St. St.; yrs. 45 mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single.

6-DATE OF BIRTH, Do not know. ....., 1..... (Month) (Day) (Year)

7-AGE, 45 yrs. - mos. - ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seamstress.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William Klein.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Elizabeth Fuhr.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John A'Braun.(Cousin)
(Address) 2530 McHenry St.

15- MAY 22 1917 ROBERT R. KRAUSER
Filed....., 191.... Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May,20th.1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Suicide by Drowning.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs....mos....ds.

(Signed) Otto W. Leonhardt M. D. (Coroner)
May,21,1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery
DATE OF BURIAL, May.22nd 1917.
20-UNDERTAKER Geo. A. Gerbig
ADDRESS Balto & Payson Sts

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5497.

CERTIFICATE OF DEATH.

64 ✓ D 5497.

REGISTERED No. C.....

1-PLACE OF DEATH Md. General Hospital.

CITY OF BALTIMORE: (No. Linden Ave & Madison ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter W. Rowles

(Residence in Baltimore: No. 503 Arlington Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. (Month) 5th (Day), 1849 (Year)

7-AGE, 68 yrs. 3 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Walter W. Rowles

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ellen Bennett

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Bennett

(Address) 503 N Arlington Ave

15-

Filed MAY 22 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 18 1917, to May 19 1917, that I saw h.. alive on May 19 1917, and that death occurred, on the date stated above, at 9:35 m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

Pulmonary Oedema

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

Arteriosclerosis (Duration) ....yrs. ....mos. 2 ds.

(Signed) J. A. Bowden M. D.

5-17-17, 191... (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 503 Arlington Ave.

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, May 22 191..

20-UNDERTAKER W. J. Lickenbrock — ADDRESS North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5498 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓D 5498

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2530 Pennsylvania ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William George Teppler

(Residence in Baltimore: No. 2530 Pennsylvania St.; 18 yrs.. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct 25, (Month) (Day) 1898 (Year)

7-AGE,	If LESS than 1 day,
18 yrs. 6 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Wm G Teppler

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Lena Hammerbacher

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Teppler

(Address) 2530 Pennsylvania Ave

15- MAY 22 1917 Filed....., 191.... ROBERT R. KRAUSER Registrar. Burial Permit Clerk

Dr. A. Poe.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1917, to May 19 1917, that I saw him alive on May 18th 1917, and that death occurred, on the date stated above, at 9:01 a.m.

The CAUSE OF DEATH* was as follows:

Diphtheria Toxin

(Duration) yrs. mos. 4th ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) J. C. Poe M. D.

May 21, 191.7. (Address) 2034 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	May 22, 191.7

20-UNDERTAKER	ADDRESS
J. Tuckerson Sons	Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

5499

CERTIFICATE OF DEATH.

19 D 5499.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. City Jail ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Wallace

(Residence in Baltimore: No. 1414 Druid Hill ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Married

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 41 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Oliver Wallace

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Elizabeth Mezz

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Wallace

(Address) 1412 Druid Hill ave

15- MAY 22 1917 Filed ....., 191... ROBERT R. KRAUTER Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Late Cirrhosis Liver

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. S. Roy (Coroner.) M. D.

May 22, 1917. (Address) 1637 Lemmon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Parkers Wharf Co Calvert — DATE OF BURIAL, May 22, 1917.

20-UNDERTAKER John H. Todd & Son — ADDRESS 142 N. Hill St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

838

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5500 **CERTIFICATE OF DEATH** 151 D 5500

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1032 N Appleton St.: 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ed. Franklin Dunnock

(Residence in Baltimore: No. 1032 N Appleton St.: ..... yrs. ..... mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): —

6 DATE OF BIRTH: 5 (Month) 16 (Day), 1917 (Year)

7 AGE: ..... yrs. ..... mos. 4 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: C
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Edwin Franklin Dunnock

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Lou Zuercher

13 BIRTHPLACE OF MOTHER (State or country): Indiana Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mother

(Address): .....

Filed MAY 22 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 5 (Month) 20 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 20th, 191..., to May 20th 1917.

that I saw h... alive on May 20th 1917.

and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Premature Birth
7 Mos of Gestation

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Benj. McCleary M. D.

5/20, 1917 (Address) 401 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: MAY 21 1917

20 UNDERTAKER: .....

ADDRESS: .....

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5501

CERTIFICATE OF DEATH.

D 5501

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 N. Calvert ST.; 17 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas W. Crump

(Residence in Baltimore: No. 1633 N. Calvert St.; 35 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) widowed

6-DATE OF BIRTH. Feb 23., 1842 (Month) (Day) (Year)

7-AGE. 75 yrs. 2 mos. 28 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Linen Merchant

9-BIRTHPLACE, (State or Country). England

PARENTS.

10-NAME OF FATHER. Thomas Crump

11-BIRTHPLACE OF FATHER (State or Country). England

12-MAIDEN NAME OF MOTHER Elizabeth Potter

13-BIRTHPLACE OF MOTHER (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James R. Brown

(Address) 1633 N. Calvert St.

15-

MAY 22 1917 ROBERT R. KRANTZ ..... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 21, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 12 1917, to May 21 1917, that I saw h... alive on May 21 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac and Pulmonary Failure

Stomach

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas L. Shearer M. D.

May 22, 1917. (Address) 705 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cemy. DATE OF BURIAL. May 24, 1917.

20-UNDERTAKER. John O. Mitchell ADDRESS 201 W. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 5502

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 N. Curtis ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Cushing

(Residence in Baltimore: No. 1515 W. Curtis St.; 96 yrs., 8 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Sept 19th, 1821 (Month) (Day) (Year)

7-AGE, 96 yrs. 8 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, Louis Cunningham

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Elizabeth Downey

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Cushing

(Address) 1515 W. Curtis St

15- Filed MAY 22 1917, 191... ROBERT B. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21st, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17th 1917, to May 21st 1917, that I saw h[illegible] alive on May 21 1917, and that death occurred, on the date stated above, at 10:30 p. m.

The CAUSE OF DEATH* was as followa:

Coma

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis (Duration) ....yrs. ....mos. 4 ds.

(Signed) Wm J. G. Blair M. D.

May 22 191 7 (Address) 110 E. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem — DATE OF BURIAL. 5-23, 191 7

20-UNDERTAKER Robert Brooks & Son — ADDRESS Calhoun & Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5503

CERTIFICATE OF DEATH.

D 5503

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 Bel 8.28 St. 24 WARD)

2-FULL NAME Bertha Herrding

(Residence in Baltimore: No. 1834 Bell 24 St.; 33 yrs., mos. 26 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, April 25, 1874 (Month) (Day) (Year)

7-AGE, 43 yrs. mos. 26 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Switzerland

PARENTS.

10-NAME OF FATHER, Albert Wetzmeed

11-BIRTHPLACE OF FATHER (State or Country), Switzerland

12-MAIDEN NAME OF MOTHER Elizabeth Mack

13-BIRTHPLACE OF MOTHER (State or Country), Switzerland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alfred Herding

(Address) 1834 Bell St

15- Filed MAY 22 1917 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5th 1917, to May 20 1917, that I saw her alive on May 20 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. one mos. 15 ds.

CONTRIBUTORY (Secondary) Valvular Insufficiency of the Heart (Duration) yrs. mos. one ds.

(Signed) Ellen Meehan M. D.

May 22 1917. (Address) 1821 Eighth St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Cross Cem. DATE OF BURIAL. May 23 1917.

20-UNDERTAKER Mrs. F. E. Evans & Son ADDRESS 428 N. Charles

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5504

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Dunkerton

(Residence in Baltimore: No. 5 days in Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. Unknown, 1..... (Month) (Day) (Year)

7-AGE. 41 yrs. 0 mos. 0 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... P. Pleasants

(Address)..... John Hopkins Hosp

15-

Filed MAY 22 1917, 191..... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 21, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 17 1917, to May 21 1917, that I saw h last alive on May 21 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cervix Uteri

Benign

(Endothelioma

(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. P. Batchelor M. D.

May 22, 1917. (Address) John Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 7 Eddie St. Worcester, Mass

19-PLACE OF BURIAL OR REMOVAL St. John's Cem. Worcester Mass DATE OF BURIAL May 22, 1917.

20-UNDERTAKER Chas. E. Evans & Son ADDRESS 118 W. Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5505

CERTIFICATE OF DEATH.

104

D 5505

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche Brooke

(Residence in Baltimore: No. 111 E. Mulberry St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1899. (Year)

7-AGE, 17 yrs. 9 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Millis Brooks

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hannie Barnes

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mills Brooke

(Address)..... 111 E. Mulberry St.

15- Filed MAY 22 1917, 191.... HARRY C. ANDREW Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1917, to May 22 1917, that I saw h[illegible] alive on May 16 1917, and that death occurred, on the date stated above, at 11.00 a.m.

The CAUSE OF DEATH* was as follows:

Anal Fistula Pulmonary Tuberculosis

(Duration) about 4 yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) H. Hampton

(Duration) 2 yrs. 3 mos. ....ds.

(Signed) Edward J. Smith M. D.

May 22 1917 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 24 ds. In the State 1 yr. ....mos. ....ds.

Where was disease contracted, if not at place of death? 111 E. Mulberry St.

Former or usual residence 111 E. Mulberry St.

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem DATE OF BURIAL, MAY 24 1917, 191...

20-UNDERTAKER Peter B Pye ADDRESS 1018 E Mulberry

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5506

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 5506

CERTIFICATE OF DEATH

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 506 Columbia Av. St. 7th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Herman L. Mollmann

(Residence in Baltimore: No. 506 Columbia St. 25 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct. 20, 1884 (Month) (Day) (Year)

7 AGE: 32 yrs. 7 mos. 2 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Henry Mollmann

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elise Fisse

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Mollmann

(Address) 506 Columbia Av

15 Filed MAY 22 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 21, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1917, to May 21 1917, that I saw h[illegible] alive on May 21, 1917, and that death occurred, on the date stated above, at 3.25 p m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) 2 yrs. — mos. — ds

Contributory (SECONDARY) Acute Bronchitis Mitral Regurgitation

(Duration) yrs. mos. 20 ds.

(Signed) Gaskeide M. D.

5/22, 1917. (Address) 1530 W. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: May 24, 1917

20 UNDERTAKER: for Sorden's Son — ADDRESS: 217 S. Paca

Spec.—8-24-14—M. & T.—2000 Blks.

D 5507.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 ✓ D 5507.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allen White Jr

(Residence in Baltimore: No. 840 N. Patterson Park Ave St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, July (Month) 4 (Day), 1916 (Year)

7-AGE, ... yrs. 10 mos. 18 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Allen White Sr

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Josephine Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Allen White

(Address) 840 Patterson Park Ave

15-

Filed MAY 22 1917 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22 1917, to May 22 1917, that I saw h im alive on May 22, 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Edema of Lungs

(Duration) ..... yrs. 1 mos. 5 ds.

(Signed) Israel J. Kingo M. D.

May 22, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 840 N. Patterson Park ave.

19-PLACE OF BURIAL OR REMOVAL, Balto. City

DATE OF BURIAL, May 24th 191 7

20-UNDERTAKER Liston T. Russelburgh

ADDRESS 2620 St. Paul st.

D 5508

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 5508

CERTIFICATE OF DEATH

108

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1107 N. Port ST. 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Nellie Foote

(Residence in Baltimore: No. 1107 N. Port St. Life yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Single

6 DATE OF BIRTH August 3, 1903 (Month) (Day) (Year)

7 AGE 13 yrs. 9 mos. 16 ds. | If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country) Baltimore city

PARENTS

10 NAME OF FATHER John Foote

11 BIRTHPLACE OF FATHER (State or country) Baltimore County, Md

12 MAIDEN NAME OF MOTHER Annie Payne

13 BIRTHPLACE OF MOTHER (State or country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Payne

(Address) 1107 N. Port St

15 MAY 22 1917 Filed ....., 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 19, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1917, to May 19 1917. that I saw her alive on May 19, 1917. and that death occurred, on the date stated above, at 10.30 P. M.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) ... yrs. Several mos. ds

Contributory (SECONDARY) Appendicitis

(Duration) ... yrs. ... mos. 7 ds.

(Signed) W. C. Sandrock M. D.

May 22, 1917. (Address) 1242 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Laural Cemetary | DATE OF BURIAL May 23, 1917

20 UNDERTAKER Mrs Robert A Elliott | ADDRESS 5-06 East St

Spec.—5-19-13—M. & T.—500 Bks.

D 5509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

54 ✓ D 5509

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 W. Lafayette Av. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgia E. Eames

(Residence in Baltimore: No. 703 W. Lafayette Av. St.; 50 yrs, — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	widow

6-DATE OF BIRTH, July (Month) 26 (Day), 1838 (Year)

7-AGE, 78 yrs. 9 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Petersburg Va

PARENTS.

10-NAME OF FATHER, Benjamin Bishop

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Jane Newell

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. W. Little

(Address) 531 N. Fremont Av

15-

Filed MAY 22 1917, 191..... HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 22nd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15th 1917, to May 22 1917, at intervals that I saw h[illegible] alive on May 21 1917, and that death occurred, on the date stated above, at 12.45 a. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age & Ent. debility

(Duration) yrs. mos. ds.

(Signed) Silas Balsum M. D.

May 22, 1917 (Address) Two W. Lafayette Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Olivet	May 24, 1917.

20-UNDERTAKER	ADDRESS
Geo W Little	531 N Fremont Av

Spec.—8-24-14—M. & T.—2000 Bks.

D 5510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 D 5510

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 S. Streeper ST.; ..... WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Charles Streckfuss

(Residence in Baltimore: No. 622 S. Streeper St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 13 (Day), 1917 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. 9 ds.	.... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George H. Streckfuss

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Anna E. Tribull

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George H. Streckfuss

(Address) 622 S. Streeper St

15- Filed MAY 22 1917, 191.. HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21st 1917, to May 22nd 1917, that I saw him alive on May 21st 1917, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Tetanus Infantum

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. K. Edwards M.D.

May 22, 1917. (Address) 734 Edmondson ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Oak Lawn Cemetery	May 25, 191..
20-UNDERTAKER	ADDRESS
Christian Miller	2354 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5511 HEALTH DEPARTMENT—CITY OF BALTIMORE 120 D 5511

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 S. Chappel St ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Morgereth

(Residence in Baltimore: No. 29 S. Chappel St St.; —yrs.,—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widowed

6-DATE OF BIRTH, Jan (Month) 6 (Day) 1851 (Year)

7-AGE, 66 yrs. 4 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Herman Morgereth

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Morgereth

(Address) 29 S. Chappel

15- MAY 22 1917 HARRY C. ANDREWS

Filed....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 18 1917, to May 19 1917, that I saw her alive on May 19 1917, and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Chron. Interstitial Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E V Hall M. D.

....., 191... (Address) 100 N Linwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer. DATE OF BURIAL, May 23 1917.

20-UNDERTAKER Wendell Wippel & Son ADDRESS 37 S. Conn st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

& Son

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5512

CERTIFICATE OF DEATH.

× 45 D 5512

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Robertson

(Residence in Baltimore: No. 6 Dunge Johns Hopkins Hosp St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 22 (Month) (Day), 1857 (Year)

7-AGE, 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, James B Robertson

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Annie G Wylie

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Krauter

(Address) Johns Hopkins Hospital

15- MAY 23 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17 191.., to May 22 191.., that I saw him alive on May 22 191.., and that death occurred, on the date stated above, at 5.10 p.m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart, } Post mortem
Chronic Nephritis } ....

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Carcinoma of bladder

(Duration)....yrs. 6 mos....ds.

(Signed) A. Krauter M. D.

May 22, 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 6 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 730 Pemberton Road Victoria B C Canada

19-PLACE OF BURIAL OR REMOVAL. Victoria B C Canada — DATE OF BURIAL. May 23 191.7

20-UNDERTAKER Albert E Fuller — ADDRESS 221 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--8-24-14—M. & T.—2000 Blks.

D 5513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 D 5513

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 316 S. High ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milana Sparo

(Residence in Baltimore: No. 316 S. High st. St.; - yrs., 3 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Jan. (Month) 26 (Day), 1917 (Year).

7-AGE, ...yrs. 3 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Rocco Sparo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mamie Marchi

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rocco Sparo

(Address) 316 S. High st.

15- Filed MAY 23 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit U.S.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 22 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 19 1917, to May 22 1917, that I saw h[illegible] alive on May 22 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Congenital Weakness

(Duration) ....yrs. 1 mos. ....ds.

(Signed) J. Whenton M. D.

May 24, 1917. (Address) 16 E. Burty

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincent	May 24, 1917.
20-UNDERTAKER	ADDRESS
Wendell Appel & Son	330 S. Bond st.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Morris Schriber

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5514

CERTIFICATE OF DEATH.

64 D 5514

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 Penna ave ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Schriber

(Residence in Baltimore: No. 1831 Penna ave St.; 19 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH June 9, 1868
(Month) (Day) (Year)

7-AGE, 47 yrs. 11 mos. 12 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... General Indr
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Store

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Balto St

MAY 23 1917 Filed, 191.. ROBERT R. KRAUTER Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 191 6, to May 22 191 7, that I saw h... alive on May 22 191 7, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Harold Katz M. D.

5/23, 191.. (Address) 302 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, 5/24, 191..

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

61 D 5515

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Hart.

(Residence in Baltimore: No. 512 E Madison St.; ..... yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, Married WIDOWED, OR DIVORCED. (Write the word.)

6-DATE OF BIRTH, ... May 25 (Month) ..... (Day), 1887 (Year)

7-AGE, 29 yrs. 8 mos. 27 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Sydney P. Trader

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Custer

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward L Hart

(Address) 512 E. Madison St.

15- Filed MAY 23 1917, 191... ROBERT E. KRAUTER Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May 22nd (Month) ..... (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20th 1917, to May 22nd 1917, that I saw her alive on May 22nd 1917, and that death occurred, on the date stated above, at 1.35 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Meningococcus.)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Not Recognized

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. B. Washburn M. D.

....., 191... (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State 15 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 3

Former or usual residence 512 E. Madison St.

19-PLACE OF BURIAL OR REMOVAL, Lehnardy (Emily) — DATE OF BURIAL, May 24, 1917

20-UNDERTAKER Albert E Fuller — ADDRESS 221 N Broadway

D 5516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 5516

REGISTERED No. C.....

1-PLACE OF DEATH
(a) OF BALTIMORE (No. 34 Thy Wy & Ave ST.; 17 WARD)
Hospital (N St)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Washington

(Residence in Baltimore: No. Hoo Kew Pl St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	Bl	Married

6-DATE OF BIRTH, February 1, 1837
(Month) (Day) (Year)

7-AGE, 80 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-MAY 23 1917, Filed....., 191.... ROBERT R. KRAUTER, Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. 4 W ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. mos. ds.

(Signed) J. W. Holbrook M. D.
(Coroner)

May 24, 1917 (Address) 814 N Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State None yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5517.

CERTIFICATE OF DEATH.

D 5517.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adeline Richter

(Residence in Baltimore: No. 127 S. Regester St ..... St.; 2 yrs., 5 mos. 16 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, December 6, 1914.
(Month) (Day) (Year)

7-AGE, 2 yrs. 5 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Carroll Richter

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Carrie Mayer

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) O. Phillips

(Address) Johns Hopkins Hosp

15. MAY 23 1917 ROBERT B. KRAUSS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 22 1917, to May 22 1917, that I saw h[illegible] alive on May 22 1917, and that death occurred, on the date stated above, at 11 15 p.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) 0 yrs. 0 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry B. Conrad M. D.

May 23, 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 127 S. Regester St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	May 25, 1917.
20-UNDERTAKER	ADDRESS
Rudell Lippel & Son	37 S. Ann St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5518

CERTIFICATE OF DEATH.

17 D 5518

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Hanford ave, ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Taylor,

(Residence in Baltimore: No. 2306 Hanford ave, St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 18, 1859
(Month) (Day) (Year)

7-AGE, 57 yrs. 5 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Jas. Baynes.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Eliz. Parlett

13-BIRTHPLACE OF MOTHER (State or Country), Balt. Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Taylor.

(Address) 2306 Hanford ave.

15-

Filed MAY 23 1917 191 ROBERT R. KRAUTER Registrar.

Burial Permit Oct. (Over)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1917, to May 20 1917, that I saw h[illegible] alive on May 20 1917, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Paralysis

(Duration) ....yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Accidental fall

(Duration) ....yrs. ....mos. ....ds.

(Signed) R. Russell Mayo M. D.

May 23 1917 (Address) 2311 Hanford ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, May 23d, 1917.

20-UNDERTAKER Geo. J. Ruth ADDRESS 1735 Hanford ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Emma L. Wernsing

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5519

170 D 5519

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma L. Wernsing (Wernsing)

(Residence in Baltimore: No. 1814 E. Oliver St St.; 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 45 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Lancaster Pa

PARENTS.

10-NAME OF FATHER, Peter Bubb

11-BIRTHPLACE OF FATHER (State or Country), Lancaster Co, Pa. ~~do~~

12-MAIDEN NAME OF MOTHER Elizabeth McGuire ~~do~~

13-BIRTHPLACE OF MOTHER (State or Country), Greenland-Lancaster Co, Pa. do do

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. F. Wernsing

(Address) 1814 E. Oliver St.

15-MAY 23 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1917, to May 21 1917, that I saw h.r alive on May 10 1917, and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Asthenia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY.....
(Secondary)

....yrs. (Duration) yrs. 6 mos. ....ds.

(Signed) J. Clarke Jr. M. D.

May 21, 1917 (Address) 110 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 11 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1814 E. Oliver St

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, May 24, 1917

20-UNDERTAKER Henry W. Means & Son — ADDRESS 805 N. Calvert St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5520

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5520

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3419 Park Heights Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Ann Ackler

(Residence in Baltimore: No. 3419 Park Heights Ave St.) 73 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed.

6-DATE OF BIRTH, ... Nov. (Month) ..... 23 (Day), 1843 (Year)

7-AGE, 73 yrs. 5 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Hugh Hughes

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Evans

13-BIRTHPLACE OF MOTHER (State or Country), Whales

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William F: Ackler

(Address) 3419 Park Heights Ave

15- Filed MAY 23 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May 21 st 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 1917, to May 21 1917, that I saw h.r alive on May 21 1917, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) General Arteris sclerosis (Duration) 5 yrs. ..... mos. ..... ds.

(Signed) James L. Ashenhurst M. D.

May 21, 1917. (Address) 4012 Park Heights Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, May 24, 1917.

20-UNDERTAKER J. Herzog & Co.

ADDRESS 2004 Pennsylvania

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5521

CERTIFICATE OF DEATH.

64 D 5521

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 E. Gilling ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Ryder

(Residence in Baltimore: No. 429 E Gilling St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Nov 20 (Month) (Day), 1843 (Year)

7-AGE, 73 yrs. 6 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Ship Yard

9-BIRTHPLACE, (State or Country), N. Y.

PARENTS.

10-NAME OF FATHER, George Ryder

11-BIRTHPLACE OF FATHER (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER Emma Jenkins

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ryder

(Address) 429 E Gilling

15. MAY 23 1917 Filed ..... 191.. ROBERT B. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 17 1917, to May 22 1917, that I saw h.. alive on May 22 1917, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(Duration) ....yrs. 4 mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. Hutzler M. D.

May 23, 1917. (Address) 228 E Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cem. DATE OF BURIAL, 5/24, 1917

20-UNDERTAKER J. Fred McCully ADDRESS 130 E. Fork Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5522

HEALTH DEPARTMENT—CITY OF BALTIMORE

1916 D 5522

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital ST.) 20 (WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marian R. Riley

(Residence in Baltimore: No. 490 Brunswick St.) (If not in Baltimore, write the State.) (If St. 5 yrs., 9 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, Aug. 15, 1901. (Month) (Day) (Year)

7-AGE, 15 yrs. 9 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Benjamin F. Riley

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Evelina Cash

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Evelina Riley

(Address) 490 Brunswick St

15-MAY 23 1917 Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound in Chest
(by Sentry on duty Guarding B. R. Bridge)
(Duration) ....yrs. ....mos. 1 hr.

CONTRIBUTORY (Secondary) Hemorrhage
(Duration) ....yrs. ....mos. 1 hr.

(Signed) James M. Paulon M. D.
(Coroner.)

May 22, 1917. (Address) 700 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ....yrs. ....mos. 15 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Guilford Park & Walbert Ave

Former or usual residence 490 Brunswick St

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, May 25, 1917

UNDERTAKER Walbert & Kinney — ADDRESS 1018 Eutaw Pl

U. S. Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5523

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 5523

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 Bruce ST. Katherine A Shephard 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Katherine A. Shephard

(Residence in Baltimore: No. 1006 N Bruckes St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH. May 14, 1846 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
71 yrs. ... mos. 7 ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... None
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Murray

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Helen Tyzzell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Shephard

(Address) 1006 N Bruckes st

15- Filed MAY 23 1917, 191... HENRY C. [illegible] Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23rd 23rd, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1917, to May 23rd 1917, that I saw her alive on May 22nd 1917, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia Lobar

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Heart trouble

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. F. Worley M. D.

May 23rd 1917 (Address) 924 W. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL Western Cemetery DATE OF BURIAL, May 25, 1917

20-UNDERTAKER W. J. Pickney & Son ADDRESS Fennel & Fourth

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5524

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5524

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1235 S Decker Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lazer

(Residence in Baltimore: No. 1235 S. Decker Ave St.; Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Feb (Month) 27 (Day), 1917 (Year).

7-AGE, ... yrs. 2 mos. 26 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jan Lazar

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Knopek

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Lazar

(Address) 1235 S. Decker Ave

15-

Filed MAY 23 1917, 191.....

HARRY C. ANDREAE
Registrar.

Burial Permit Or...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 22 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 20 1917, to May 22 1917, that I saw her alive on May 22 1917, and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Myocarditis Acute

..... (Duration) ... yrs. ... mos. 12 ds.

(Signed) E R Hillman M. D.

May 23, 1917. (Address) 308 N Donnell Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	May 23, 1917.

20-UNDERTAKER Stephen J Stackowski ADDRESS 1017 Hillen St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5525

CERTIFICATE OF DEATH.

120 D 5525

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 N Gilmor ST.; 15 WARD)

REGISTERED No. C

2-FULL NAME Susana J. Dalrymple

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1428 N Gilmor St.; life Yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Jan (Month) ..... (Day) ....., 1851 (Year)

7-AGE, about 66 yrs. 4 mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Alex P. Dalrymple

11-BIRTHPLACE OF FATHER (State or Country), and

12-MAIDEN NAME OF MOTHER Amanda Rosam

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Annie Dalrymple
(Address) 1428 N Gilmor St.

15-
Filed MAY 23 1917, by HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1917, to May 22 1917, that I saw her alive on May 22 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) 5 yrs. — mos. — ds.

(Signed) Charles E. Clarke M. D.

May 22 1917. (Address) 1310 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 25, 1917

20-UNDERTAKER Graham F. Walker — ADDRESS 1130 W Lex

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

170

D 5526

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3249 Grayson ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allison E Grant

(Residence in Baltimore: No. 3249 Grayson ST. 73 yrs. 11 mos. 21 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: June (Month) 2 (Day), 1843 (Year)

7-AGE: 73 yrs. 11 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Store Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): New York.

PARENTS

10-NAME OF FATHER: James Grant

11-BIRTHPLACE OF FATHER (State or country): New York.

12-MAIDEN NAME OF MOTHER: Mary Willard

13-BIRTHPLACE OF MOTHER (State or country): New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs Edward Grant

(Address): 3209 Grayson st

15. FILED MAY 23 1917, 191.....

HENRY C. ANDRE
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 23 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1917, to May 23 1917, that I saw h[illegible] alive on May 23, 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic diffused Nephritis

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos. E Chaney M. D.

May 23, 191.. (Address) 714 N Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn | DATE OF BURIAL: May 23, 191.

20-UNDERTAKER: Slocak Lyle & Mc Neal | ADDRESS: [illegible] ave

Spec. 3-B-2-14—M. & T.—2000 Blks.

D 5527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 ✓ D 5527

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Hahnemann Hospital 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Slaughuff

(Residence in Baltimore: No. 1428 W. Lafayette Ave St.: 40 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Widower

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 65 yrs. mos. ds. | If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book-Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address) 1428 W. Lafayette Ave

15- Filed MAY 23 1917, 191 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 8 1917, to May 23 1917, that I saw him alive on May 22 1917, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Toxemia due to Diabetes
Gangrene
about 2 weeks
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene of left foot about 3 weeks
(Duration) yrs. mos. ds.

(Signed) G. Latrobe Ewald M. D.

May 23, 1917. (Address) 905 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7½ ds. In the State 40 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 1428 W Lafayette Ave

Former or usual residence 1428 W. Lafayette Ave

19-PLACE OF BURIAL OR REMOVAL, Western | DATE OF BURIAL, May 7 1917.

20-UNDERTAKER Geo W Little | ADDRESS 531 N Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

D 5528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

D 5528

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Brown ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harley Conway

(Residence in Baltimore: No. 1131 Brown St.; ....yrs.,....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Dec 22 —, 1913
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. ....ds.

If LESS than 1 day. ....hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Balto City

PARENTS.

10-NAME OF FATHER. Harley Conway

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Helen Sedivic

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harley Conway

(Address) 1131 E. Brown St.

15-MAY 24 1917 Filed....., 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1917, to May 22 1917, that I saw h[im] alive on May 21 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Primary) (Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) H S M Tract

(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.

5/22, 1917. (Address) 2008 Hillen

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	May 24, 1917
20-UNDERTAKER	ADDRESS 916
Hamel Easton	Fremont

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5529

CERTIFICATE OF DEATH.

REGISTERED No. C D 5529

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 N. Carey St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oran Hamilton

(Residence in Baltimore: No. 1320 N. Carey St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ... (Month) 1869 (Year), ... (Day) 1 .....

7-AGE, 48 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer) Father

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, William Hamilton

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Hannah Tinsley

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Hamilton

(Address) 1320 N. Carey St.

15- Filed MAY 24 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1917, to May 22, 1917, that I saw h[im] alive on May 21st, 1917, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Stroke

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) A. Lee Ellis M. D.

5/22, 1917 (Address) 93 Hillsdale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, May 23, 1917

20-UNDERTAKER Samuel Hemsley ADDRESS 578 Hillsdale

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5530 ✓ 129 D 5530

CERTIFICATE OF DEATH.

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST. 16 WARD)

2-FULL NAME Ida Wicks

(Residence in Baltimore: No. 1022 Carlton St St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 35 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Reid

(Address) Johns Hopkins Hosp

15- Filed MAY 24 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1917, to May 21 1917, that I saw h.. alive on May 21 1917, and that death occurred, on the date stated above, at 2 45 P. m.

The CAUSE OF DEATH* was as follows:

Embolism, pulmonary

..... (Duration) ....yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) H. W. Reid M. D.

May 21, 1917. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 7 ds. In the State ....yrs. 1 mos. ....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1022 Carlton St

19-PLACE OF BURIAL OR REMOVAL. Easton Md. DATE OF BURIAL, May 24, 1917

20-UNDERTAKER James H. Dennis ADDRESS 1303 Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5531

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Chenowith

(Residence in Baltimore: No. Bainesville Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
male	white	widower

6-DATE OF BIRTH, ... March (Month) 17 (Day), 1827 (Year)

7-AGE, 90 yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... State Roads

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Chenowith

(Address) Bainesville Md

15- Filed MAY 24 1917, 191.... ROBERT R. KRAUTH Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism struck by automobile accident

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) ..... M. D. (Coroner)

May 23, 1917. (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 3 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Baynesville Md

Former or usual residence. Baynesville Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Home Place Cem. Baynesville	May 24, 1917.
20-UNDERTAKER	ADDRESS
John Burns Sons	Towson Md

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 5532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5532

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 N. Woodley ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adred Andrew Johnson

(Residence in Baltimore: No. 909 N. Woodley St.; 38 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 19 (Month) (Day), 1869 (Year)

7-AGE,	If LESS than 1 day,
47 yrs. 5 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Diamond 066
(b) General nature of industry, business, or establishment in which employed (or employer)..... Salesman

9-BIRTHPLACE, (State or Country), Tennessee

PARENTS.

10-NAME OF FATHER, Ferdenand Johnson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Alvildia Franklin

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luther J. Johnson

(Address) 909 N. Woodley

15- MAY 24 1917 Filed....., 191.... ROBERT R. KRAUTER, Registrar.

Burial Permit Oleri

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 18th, 1917, to date of death, that I saw h im alive on May 22nd 1917 and that death occurred, on the date stated above, at 9.35 P. m.

The CAUSE OF DEATH* was as follows:

1st Pneumonia

2nd Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) P. L. Davis M. D.

May 24th 1917. (Address) 824 N. Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park DATE OF BURIAL, May 25, 1917

20-UNDERTAKER Geo. Weber & Son ADDRESS 503 Edmondson ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5533

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 254 S. Spring ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Talini

(Residence in Baltimore: No. 254 S. Spring St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June 11th, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER. Frank Talini

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mary Pickarilla

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Talini

(Address) 254 S. Spring st.

15- Filed MAY 24 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1917, to May 23 1917, that I saw her alive on May 22 1917, and that death occurred, on the date stated above, at 8:15 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration).....yrs.....mos. 15 ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Nathan Hellfott M. D.

....., 191... (Address) 109 E. Biway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincent	May 25, 1917
20-UNDERTAKER	ADDRESS
Wendell Eppel Son	330 S. Bond St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Terry Pulley

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5534

CERTIFICATE OF DEATH.

61+ D 5534

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 E. Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Terry Pulley

(Residence in Baltimore: No. 1531 E. Madison St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 15 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. None (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, George Pulley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lizzie Green

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Pulley

(Address) 1531 E Madison St

15-

Filed MAY 24 1917 191.. ROBERT R. KRAUEL Registrar of Records

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 19/5/ 191 7, to 23/5/ 191 7, that I saw h[illegible] alive on 23/5/ 191 7, and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebro Spinal Meningitis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) St Louis Kidney

(Duration) yrs. mos. ds.

(Signed) Edward Fred Roth M. D.

23/5/, 191 7 (Address) 430 N Carey St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery DATE OF BURIAL, May 24, 1917

20-UNDERTAKER W E Gross ADDRESS 1445 Mc Elderry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 5535 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1917 D 5535

REGISTERED No. C.....

1-PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE (No.) Franklin Square Hospital 8 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert H Smith

(Residence in Baltimore: No. 8 S. Arlington ave St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Divorced

6-DATE OF BIRTH, ... Jan (Month) 1 (Day), 1868 (Year)

7-AGE, 48 yrs. 6 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Insurance Collr
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home Ins Co

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Smith

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lena Miller

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm S Smith

(Address) 37 Orpington Rd

15- Filed MAY 24 1917, 191.... ROBERT E. KRAUTER Burial Permit Issued Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet Wound - Chest + Lower Jaw. Homicidal

(Duration) ..... yrs. few mins mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) ..... yrs. few mins mos. ..... ds.

(Signed) James McFeeley M. D. (Coroner.)

May 22 1917 (Address) 704 Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, May 24 1917

20-UNDERTAKER Geo J. Smith — ADDRESS 1011 W Fayette

D 5536 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5536

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead at 4 182 REGISTERED No. C

CITY OF BALTIMORE (No. Franklin Square Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Smith

(Residence in Baltimore: No. 8, St Arlington ave St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	widow

6-DATE OF BIRTH, aug (Month) 15 (Day), 1844 (Year)

7-AGE, 72 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Miller

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Imhen

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) N C Smith

(Address) 5204 Melvin ave

15- MAY 24 1917 ROBERT R. KRAUTER
Filed....., 191.... Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet Wound in neck
severing Carotid Artery
Homicidal

(Duration) ..... yrs. ..... mos. few min ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) ..... yrs. ..... mos. few min ds.

(Signed) James M Hunter M. D.
(Coroner.)

May 24 1917 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 26 1917

20-UNDERTAKER Geo G Smith — ADDRESS 1000 W Fayette

D 5537. HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

20 D 5537.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2040 Hollins St. 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice E. Hart

(Residence in Baltimore: No. 2040 Hollins St.; yrs. 14 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Nov. (Month) 4 (Day), 1903 (Year)

7-AGE: 13 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: William P. Hart

11-BIRTHPLACE OF FATHER (State or Country): Pennsylvania

12-MAIDEN NAME OF MOTHER: Elma Brood

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elma Hart

(Address) 2040 Hollins St

15- Filed MAY 24 1917 ROBERT R. KRAUTER Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to...her death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Tubercular Meningitis

(Duration) ....yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Thrombus in base brain (Duration) ....yrs. Sudden mos. ....ds.

(Signed) James McFeely M. D. (Coroner.)

May 25 1917 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Bally Cemetery — DATE OF BURIAL: May 25 1917

20-UNDERTAKER: Geo. E. Schwab & Bro. — ADDRESS: 2101 Eutaw Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5538

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hopkins Hospital ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Caplain

(Residence in Baltimore: No. 26I N Exeter st St.: yrs.,.. mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	baby

6-DATE OF BIRTH, April 20 I9I4, 1
(Month) (Day) (Year)

7-AGE, 3 yrs. mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Max Caplain

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Sarah Jeblanski

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Max Caplain

(Address) 26I N Exeter

15- MAY 24 1917 ROBERT R. KRAUTER
Filed....., 191... Registrar.
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23 I9I7, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Traumatism fell off second story porch accident

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Whit Fowler M. D.
(Coroner.)
....., 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos..1..ds. In the State..3..yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....
26I N. Exeter

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Mt Carmel	May 24, 19.17

20-UNDERTAKER	ADDRESS
Jack Lewis	1411 E Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 5539.

CERTIFICATE OF DEATH

D 5539

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 344 E. Federal ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Bohne

(Residence in Baltimore: No. 344 E. Federal St.; 4 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	widowed

6-DATE OF BIRTH Feb. (Month) 14 (Day) 1849 (Year)

7-AGE 68 yrs. 3 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): 083

9-BIRTHPLACE (State or country) Germany

PARENTS

10-NAME OF FATHER Jacob Bohne

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Henrietta Sokand

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louise Bohne

(Address) 344 E Federal St.

15 Filed MAY 24 1917 ROBERT R. KRAETER REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 21 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 17, 1917, to, May 21, 1917, that I saw h.m. alive on May 21, 1917, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Chronic bronchitis

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Broncho pneumonia

(Duration) ..... yrs. — mos. ✓ ds.

(Signed), C. D. Steffens M. D.

May 22, 1917. [Address] 4005 Freemason Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Baltimore Cemetery DATE OF BURIAL May 24, 1917

20-UNDERTAKER Harry H. Wiltze ADDRESS 1531 W. Lombard St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Alfred Williams

D 5510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 5510

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 209 Ellamont ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Colored Williams

(Residence in Baltimore: No. 209 Ellamont St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, March 2, 1870
(Month) (Day) (Year)

7-AGE, 47 yrs. 2 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Musician
(b) General nature of industry, business, or establishment in which employed (or employer)..... Vincent Band

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Johnson Williams

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah Hymons

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Johnson

(Address) Catonsville Md

15- Filed MAY 24 1917 191.... ROBERT B. KRAUTER Registrar.

Special Permit Burial

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Died Suddenly)

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Inflamatory Rheumatism (Duration) 2 yrs. mos. ds.

(Signed) James M. Fenlon M. D.
(Coroner.)

May 24 191.7 (Address) 700 E. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Bch. Cemetery Catonsville Md. DATE OF BURIAL, May 25 1917

20-UNDERTAKER Edward W. Pye. ADDRESS 303 Edmonson Ave Catonsville Md.

N. B.—Every item of information should be carefully supplied. ACE should be stated CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

D 5541

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 5541

CERTIFICATE OF DEATH.

REGISTERED No. C 14 91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1414 N. Pearl ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Hunt

(Residence in Baltimore: No. 1414 N. Pearl St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH ..... (Month) ..... (Day) ....., 1916 (Year)

7-AGE, ... yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Hunt

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Jane Hunt

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) 1414 N. Pearl St.

15-

FILED MAY 24 1917 ROBERT R. KRAUTER

Burial Permit Register.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Cerebral Hemorrhage .....

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

May 24, 1917. (Address) 897 Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State None yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters	May 25, 1917
20-UNDERTAKER	**ADDRESS**
Edward Ringgold	1463 Eaton St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5542

CERTIFICATE OF DEATH.

D 5542

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeths Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Linwood Ross

(Residence in Baltimore: No. St. Elizabeths Home, St. Paul St.; ... yrs., 8 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	

6-DATE OF BIRTH, ... Feb. (Month) 2nd. (Day), 1914. (Year)

7-AGE, ... 3 yrs. 3 mos. 20 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Denton, Md.

PARENTS.

10-NAME OF FATHER, Walter Tribbett

11-BIRTHPLACE OF FATHER (State or Country), Denton, Md

12-MAIDEN NAME OF MOTHER Roberta Ross

13-BIRTHPLACE OF MOTHER (State or Country), Denton, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed MAY 24 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit 07677

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 21 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 1916, to May 21, 1917, that I saw h.im alive on May 21, 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

..... Acute Nephritis .....

.....

.....

..... (Duration) ... yrs. ... mos. 12 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Edgar F. Friedenwald M. D.

May 22, 191.7 (Address) 606 Fun Denton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 8 mos. 10 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, MAY 23 1917, 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health.

Per, Wm. E. WOODALL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 5543

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1840 Wilhelm Av. St. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Eva Hafner

(Residence in Baltimore: No. 1840 Wilhelm St.; 46 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female | 4 COLOR OR RACE White | 5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word) Married

6 DATE OF BIRTH ..... (Month) August (Day) 17 1848 (Year)

7 AGE 69 yrs. 1 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Germany

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (State or country) Gumany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr Hafner

(Address) 1840 Wilhelm st

15 Filed MAY 24 1917 ROBERT R. KRAUTER Burial Permit (Clerk) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5 (Month) 22 (Day) 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1916 to May 22 1917 that I saw her alive on May 18 1917, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Valvular disease
(Chief disease)

(Duration) 3 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Heart failure

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Goldberg M.D.

5-22 1917 (Address) 2031 W Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Western Cemetery | DATE OF BURIAL May 25 1917

20 UNDERTAKER John J. Fields | ADDRESS 1200 W. Lemland St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 ✓ D 5541

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 N. Gay ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Jahl

(Residence in Baltimore: No. 1213 N. Gay St St.; 56 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... July ..... 23 ..., 1844
(Month) (Day) (Year)

7-AGE, ... 72 yrs. 10 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), York Penna

PARENTS.

10-NAME OF FATHER, John Jacobs

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Mary Ann Heany

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Mrs Bertha Wallman .....

(Address) ..... 1213 N. Gay St .....

15- ROBERT R. KRAUTER

Filed ..... MAY 24 1917 ..... 191.....

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 23 ..., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1917, to May 23 1917, that I saw h m alive on May 23 1917, and that death occurred, on the date stated above, at 8.45 p. m.

The CAUSE OF DEATH* was as follows:

..... Aortic insufficiency .....

.....

..... (Duration) unknown mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Pulmonary oedema .....

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

(Signed) ..... W. Lee Riehm ..... M. D.

May 23, 1917. (Address) ..... 1003 N. Broadway ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 56 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, May 25, 191 7.

20-UNDERTAKER J. J. Fields ADDRESS 1200 W. Lombard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5545

CERTIFICATE OF DEATH.

120 D 5545

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 Mc Curley St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward T. Crisp

(Residence in Baltimore: No. 231 Mc Curley St.; 58 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, April (Month) 19 (Day), 1842 (Year)

7-AGE, 75 yrs. 1 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 16
(b) General nature of industry, business, or establishment in which employed (or employer): Paint Machinery

9-BIRTHPLACE, (State or Country), Charlestown Md

PARENTS.

10-NAME OF FATHER, Thomas Crisp

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ann Primrose

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Prussler

(Address) 231 Mc Curley St

15- MAY 24 1917 HARRY O. ANDERS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1913, to May 23 1917, that I saw him alive on May 23 1917 and that death occurred, on the date stated above, at 12.45 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (Duration) ... yrs. ... mos. 2 ds.

(Signed) Dr Theo Kraemer M. D.

May 24, 1917 (Address) 345 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, May 25, 1917

20-UNDERTAKER J. B. Cook — ADDRESS 1003 W Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5546 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5546

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST.: 8 WARD) 175

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Rumpp

(Residence in Baltimore: No. 1740 Bond st St.: Fife mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
male	White	Married

6-DATE OF BIRTH, January 15, 1863
(Month) (Day) (Year)

7-AGE, 54 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Car factory

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Rumpff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Snyder

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Rumpf

(Address) 1740 N. Bond St

15- MAY 24 1917 191... HARRY C. ANDREWS Burial Permit Clerk
Filed Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism hit by automobile
Accident

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs...mos...ds.

(Signed) J. Knox Davies M. D.
(Coroner.)

May 24 1917, 191... (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Hartford and Layfette ave

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, May 27 1917

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5547.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103 D 5547.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2863 Philadelphia Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent P. Gross

(Residence in Baltimore: No. 2863 Philadelphia Ave St.; 55 yrs., 10 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, July 16, 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. 10 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Trucker
(b) General nature of industry, business, or establishment in which employed (or employer): 110

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Amigast Gross

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Leitch

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Gross Jr.

(Address) Gambrill Rd

15-

Filed MAY 24 1917 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1917, to May 23 1917, that I saw him alive on May 23 1917, and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Gastritis

Cause Unknown

(Duration) ...yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary) Weak Heart

(Duration) ...yrs. 3 mos. 10 ds.

(Signed) E. G. W. Kennard M. D.

May 24, 1917. (Address) 708 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Bragen Station Md — DATE OF BURIAL: May 24, 1917.

20-UNDERTAKER Christian Weller — ADDRESS 2334 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5548

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 D 5548

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 S Fremont Ave ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia F. Devlin

(Residence in Baltimore: No. 702 S. Fremont Ave St.; 47 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: March (Month) 4 (Day), 1835 (Year)

7-AGE: 82 yrs. 2 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 021

9-BIRTHPLACE (State or country): Balto. City

PARENTS

10-NAME OF FATHER: John W. Carter

11-BIRTHPLACE OF FATHER (State or country): Balto. City

12-MAIDEN NAME OF MOTHER: Betsey Carter

13-BIRTHPLACE OF MOTHER (State or country): Balto. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard Devlin

(Address) 702 S. Fremont Ave

15- Filed MAY 24 1917, 191.....

MARY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March, 191 7, to, May 23 191 7, that I saw h[illegible] alive on May 18 191 7, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) yrs 3 mos. 2 3 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), Harry Boyd M. D.

May 23, 191 7 [Address] 62 Clinton

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL, May 28, 1917

20-UNDERTAKER: C. H. Kraft — ADDRESS: Pikesville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5549

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5549

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 230. E. Lehmert (St.; 22 Ward) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Harvey

(Residence in Baltimore: No. 230. E. Lehmert St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Divorced

6-DATE OF BIRTH, Dec. (Month) 3 (Day) 1879 (Year)

7-AGE,	If LESS than 1 day,
37 yrs. 5 mos. 20 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Executive Institute

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James E. Harvey Sr.

11-BIRTHPLACE OF FATHER (State or Country), Balt.

12-MAIDEN NAME OF MOTHER Desdemona Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Laura Harvey

(Address) 230 E Church St

15- Filed MAY 24 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23rd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14th 1917, to May 23rd 1917, that I saw h[illegible] alive on May 22nd 1917, and that death occurred, on the date stated above, at 8:30A m.

The CAUSE OF DEATH* was as follows:

1st Mortis

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Paralysis agitans

(Duration) yrs. mos. 1 ds.

(Signed) H. E. Tilley M. D.

May 25th, 1917. (Address) 1713 E. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cedar Hill	May 25, 1917
20-UNDERTAKER Howard E. Tilley	ADDRESS 2713 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1917 D 5550

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 E Madison ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate White

(Residence in Baltimore: No. 1412 E Madison St.; 51 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	Married

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
51 yrs. ..... mos. ..... ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Mrs H. Hall .....

(Address) ..... 1412 E Madison .....

15-

Filed MAY 25 1917 191.....

ROBERT B. KRAUTER
Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19 191 7, to May 23 191 7, that I saw h alive on May 22 191 7, and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

..... Drug Mis Direct .....

..... (Duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... W. C. Burns ..... M. D.

May 23, 191 7 (Address) ..... 2218 Pres St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Asbury Cem — DATE OF BURIAL, May 25th, 1917

20-UNDERTAKER Harry A Vodery — ADDRESS 1725 Orleans St

Spec.—8-24-14—M. & T.—2000 Bks.

Howard Dorman

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5551

CERTIFICATE OF DEATH.

3 D 5551

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 N. Dallas ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Dorman

(Residence in Baltimore: No. 817 N. Dallas St.; ....yrs., mos. 7 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, May 14, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Emory Jones

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lena Dorman

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Redding

(Address) 817 N. Dallas St.

15- MAY 25 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20, 1917, to May 21, 1917, that I saw h[illegible] alive on May 20, 1917, and that death occurred, on the date stated above, at 11:30 p.m.

The CAUSE OF DEATH was as follows:

Epilepsy

Coma

Epilepsy

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Injury in Accident Crime

(Duration) ....yrs. ....mos. 7 ds.

(Signed) H. H. Hanson M. D.

May 22 1917 (Address) 1520 Monument St

(State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Auburn Conn

DATE OF BURIAL, May 26th, 1917

20-UNDERTAKER Harry A Doden

ADDRESS 1736 Orleans St

Gertie Dickerson

D 5552

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

REGISTERED No. C D 5552

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 120 S. Madeira St.: 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Fredrick Dickerson

(Residence in Baltimore: No. 120 S. Madeira St.: 12 yrs. 9 mos. 16 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, ~~MARRIED~~ WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug. 8, 1904 (Month) (Day) (Year)

7-AGE: 12 yrs. 9 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work:
(b) General nature of industry, business, or establishment in which employed (or employer): None 000

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Bayard Dickerson

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Augusta Mosley

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Dickerson

(Address) 120 S. Madeira St

15 Filed MAY 25 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 23d, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 21st, 1917, to May 23 1917, that I saw h[illegible] alive on May 23, 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

Duration: 4 yrs. 6 mos. 1 ds

Contributory (SECONDARY): Epilepsy

Duration: yrs. mos. ds.

(Signed) J. H. Schofield M. D.

May 24, 1917 (Address) 1948 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Arbury Cem

DATE OF BURIAL: May 26 1917

20 UNDERTAKER: Harry A Vodery

ADDRESS: 1726 Orleans st

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5553

CERTIFICATE OF DEATH.

28 D 5553

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 N. Carlton St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Grant

(Residence in Baltimore: No. 625 N. Carlton St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Born Jan. 10 (Month) 23 (Day), 1883 (Year)

7-AGE: 33 yrs. 7 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Pvt Occupation

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: William H. Harris

11-BIRTHPLACE OF FATHER (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Anna Thomas

13-BIRTHPLACE OF MOTHER (State or Country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cynthia Bell

(Address) 625 N. Carlton St.

15- MAY 25 1917 Filed....., 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1917, to May 23, 1917, that I saw her alive on May 23, 1917, and that death occurred, on the date stated above, at 11.40 p.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) ....yrs. 4 mos. ....ds.

(Signed) E. C. Bruce M. D.

May 23, 1917 (Address) 1520 Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: 5-27, 1917

20-UNDERTAKER: Felix B. Pye

ADDRESS: 102 E. Mulberry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5554

CERTIFICATE OF DEATH.

92 D 5554½

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 N. Mount ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Granvil Hillen.

(Residence in Baltimore: No. 1324 N. Mount St.; 15 yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, Nov (Month) 21 (Day), 1869 (Year)

7-AGE, 47 yrs. 6 mos. \ ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Steam.

9-BIRTHPLACE, (State or Country), Balto Co. Md

PARENTS.

10-NAME OF FATHER, Granvil Hillen

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Elizabeth Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Hillen

(Address) 1324 N. Mount St

15- Filed MAY 25 1917, 191.... ROBERT P. KRAUTER Registrar.

Burial Permit

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 22nd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16th 1917, to May 22nd 1917, that I saw h[illegible] alive on May 22nd 1917, and that death occurred, on the date stated above, at 9.45 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Harry K. Bruwn M. D.

5/22, 1917 (Address) 501 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn.	25 May, 1917
20-UNDERTAKER, John H. Tradnn	ADDRESS 142 Hill St

Spec.—8-24-14—M. & T.—2000 Bks.

D 5555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 5555

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 E Whitmore Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret L Derrenberger

(Residence in Baltimore: No. 1018 E Whitmore Ave. St.; Life, ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Jan. (Month) 1 (Day), 1886 (Year)

7-AGE, 31 yrs. 4 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): E Le 037

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Raab

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary L Simon

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew D. Derrenberger

(Address) 1018 E. Whitmore Ave

15-MAY 25 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1917, to May 24 1917, that I saw h[er] alive on May 23 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 18 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ....yrs. 6 ? mos. ....ds.

(Signed) E. M. Daley M. D.

5/24, 1917 (Address) 1953 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, May 26, 1917

20-UNDERTAKER H. M. Cook ADDRESS 502 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 5556

CERTIFICATE OF DEATH

59 ✓ D 5556

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1242 E. Lexington St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mollie Weiner

(Residence in Baltimore: No. 1242 E Lexington St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: ..... (Month) ..... (Day) 1867 (Year)

7 AGE: 50 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jack Lewis

(Address) 1411 E Baltimore St

15 Filed MAY 25 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 26th (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 15th, 1917, to May 24th 1917, that I saw h.r alive on May 24, 1917, and that death occurred, ~~on the date stated above~~ at 7:55 m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency, & Nephritis

(Duration) 3 or 4 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Angina Pectoris

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) M. S. Kaufman M. D.

May 26th, 1917 (Address) 701 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State 11 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: North Point + Will Carried — DATE OF BURIAL: May 25, 1917

20 UNDERTAKER: Jack Lewis — ADDRESS: 1411 E. Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5557

CERTIFICATE OF DEATH.

83 D 5557

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 Eutaw ST.; 9 WARD)

2-FULL NAME Laurence W Molloy

(Residence in Baltimore: No. 1320 Eutaw St.; ....yrs., ...mos. ....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. May (Month) 10 (Day), 1917 (Year)

7-AGE. ....yrs. ....mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Wm. L. Molloy

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary M Coffey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Wm Molloy

(Address) 1320 Eutaw St

15- Filed MAY 25 1917, 191.... ROBERT B. KRAUSE Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22 1914, to May 24 1917, that I saw h[illegible] alive on May 23 1914, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Thrombus in Common Iliac Vein

.....

.....

.....

.....

CONTRIBUTORY (Secondary) Gangrene of R. Leg (Duration) ....yrs. ....mos. 3 ds.

.....

.....

(Duration) ....yrs. ....mos. 2 ds.

(Signed) James M Boulton M. D.

May 25 1917 (Address) 1320 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	May 27, 1917
20-UNDERTAKER W. C. Wiedefeld	ADDRESS 914 Greenmt Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5558

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5558

CERTIFICATE OF DEATH.

8 112

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Henretta Dorn

(Residence in Baltimore: No. 1749 Oliver st

St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Widow

6-DATE OF BIRTH, May 24 1845, 1
(Month) (Day) (Year)

7-AGE, 72 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Palto

PARENTS.

10-NAME OF FATHER, Geo Franck

11-BIRTHPLACE OF FATHER (State or Country), Penn

12-MAIDEN NAME OF MOTHER, Mary Gray

13-BIRTHPLACE OF MOTHER (State or Country), Penn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G F Dorn

(Address) 1313 E North Ave

15- Filed MAY 25 1917, 191.... ROBERT R. KRAUTER Clerk
Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism ruptured kidney
fell down stairs accident

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

May 24th 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 21 mos. ds. In the State 72 yrs. mos. ds.

Where was disease contracted, if not at place of death?

1749 Oliver st

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, May 26 1917

20-UNDERTAKER Chas E. Franck — ADDRESS 807 Madison ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5559

CERTIFICATE OF DEATH.

103

D 5559

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Edmundson av ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Cavano

(Residence in Baltimore: No. 1028 Edmundson av St.; ....yrs....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 20 (Month) (Day), 1847 (Year)

7-AGE, 70 yrs. 2 mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

100 000

9-BIRTHPLACE, (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, Louis H Cavano

11-BIRTHPLACE OF FATHER (State or Country), Balto Maryland

12-MAIDEN NAME OF MOTHER Annie F Broome

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Auld

(Address) 1118 N Edw

15- Filed MAY 25 1917, 191.... ROBERT R. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24 1917, to May 24 1917, that I saw h.er alive on May 24 1917, and that death occurred, on the date stated above, at 11.55 p.m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

Several hours (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Heart Failure

about 5 minutes (Duration) ....yrs. ....mos. ....ds.

(Signed) John F. Mauger M. D.

....., 191... (Address) 1007 Edmundson av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem DATE OF BURIAL, May 27 191 7

20-UNDERTAKER Geo. H. Little ADDRESS 531 W Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5560

HEALTH DEPARTMENT--CITY OF BALTIMORE 1917

CERTIFICATE OF DEATH

D 5560

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 133 N. Exeter St.; 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rive Hendelman

(Residence in Baltimore: No. 133 N. Exeter St., 70 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb. 10, 1859 (Month) (Day) (Year)

7-AGE: 58 yrs. 3 mos. 15 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): 013

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Benj. Hendelman

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Mollie Gross

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Benj. Hendelman

(Address) 133 N Exeter St

15- Filed MAY 25 1917 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 25, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1917, to May 24 1917, that I saw h[illegible] alive on May 24, 1917, and that death occurred, on the date stated above, at 12 45 A m.

The CAUSE OF DEATH* was as follows:

Chr. Interstial Nephritis
Arterio Sclerosis

(Duration) 2 yrs. 7 mos. — ds.

Contributory (SECONDARY) Cardiac Asthenia Edema

(Duration) yrs. mos. 5 ds.

(Signed) I. A. Steele M. D.

5/25, 1917 (Address) 1530 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 133 N Exeter St

19-PLACE OF BURIAL OR REMOVAL: Febur Blair Rd Cemy DATE OF BURIAL: May 25, 1917

20-UNDERTAKER: D. Levinson & Bro ADDRESS 107 E Balto St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 D 5561

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Dafferty

(Residence in Baltimore: No. 1421 Bruson St

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 42 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Railroader
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, James Dafferty

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Ann Burns

13-BIRTHPLACE OF MOTHER (State or Country), ...

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anne Dafferty

(Address) 1421 Eutaw

15-

Filed ....., 191.... ROBERT B. KRAUSE Registrar.

MAY 25 1917 Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Run over by train

C. & O. Railroad, Curtis Bay

Instantaneous (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hernia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. T. Kelly M. D.
(Coroner.)

May 24, 1917. (Address) 103 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	May 26th, 1917
20-UNDERTAKER Margaret G. Flynn	ADDRESS 1422 Light St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5562

CERTIFICATE OF DEATH.

D 5562

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 S Charles ST.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas P. Clark

(Residence in Baltimore: No. 1908 S Charles St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widower

6-DATE OF BIRTH, ... 8 (Month) ..... 15 (Day), 1847 (Year)

7-AGE ..... 69 yrs. 9 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Eagan

(Address) 1908 S Charles

15- ROBERT B. KRAUTER

Filed ..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 5 (Month) ..... 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1917, to May 23 1917, that I saw h living alive on 5/23 1917, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Myocarditis

..... (Duration) ..... yrs. ..... mos. 30 ds.

CONTRIBUTORY (Secondary) Chron Valvulitis

..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) E J Linthicum M. D.

5/23, 1917. (Address) 102 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, ~~Cathedral Cem~~ Holy Cross Cemetery

DATE OF BURIAL, May 26, 1917

20-UNDERTAKER Margaret J. Flynn

ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

Lucretia Staten

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5563

CERTIFICATE OF DEATH.

66 D 5563

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1245 Montgomery St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucretia Staten

(Residence in Baltimore: No. 1245 Montgomery St.; 70 yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1848 (Year)

7-AGE. 69 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(h) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country), Cambridge Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma L Staten

(Address) 1245 N. Montgomery

15-

Filed MAY 25 1917, 191... ROBERT R. KRAUTER

Burial Permit Register.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1916, to May 23 1917, that I saw her alive on May 23 1917, and that death occurred, on the date stated above, at 12.05A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Contributory

Chronic Nephritis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) 6 yrs. ..... mos. ..... ds.

(Signed) H. F. Flowers M. D.

May 24, 1917 (Address) 712 S. Wash'n

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W-Auburn

DATE OF BURIAL, May 25-17, 191...

20-UNDERTAKER Sam'l H. Chase Son

ADDRESS 1100 Monroe

D 5564

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5564

CERTIFICATE OF DEATH.

103

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 823 Pebble Court ST.; 18 WARD)

2-FULL NAME Henry Foreman

(Residence in Baltimore: No. 823 Pebble Court. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored.	Married

6-DATE OF BIRTH, ... March ....., 1 ..... (Month) (Day) (Year)

7-AGE, 53 ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Porter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Israel. Foreman

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sophia. Jones.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Foreman

(Address) 821 Pebble Ct

15- Filed MAY 25 1917, 191.... ROBERT B. KRAUTER Burial Permit Obt'd Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 23 ....., 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquiry ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquiry ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... his ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robert L. Proctor M. D. (Coroner.)

May 24, 1917. (Address) 3127 Carrollton Ave,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 26 1917
20-UNDERTAKER	ADDRESS
Brown & Sullivan	1140 N. Schroeder St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5565

CERTIFICATE OF DEATH,

D 5565

REGISTERED NO. C.....

1-PLACE OF DEATH St. Vincents Infant Asylum 51

CITY OF BALTIMORE: (No. 1401, Division St.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Corder

(Residence in Baltimore: No. 1401 Division St.; ....yrs.,....mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, wht

5-SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH, Apr. (Month) 20th (Day), 1917 (Year).

7-AGE, ...yrs. 1 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....—.....
(b) General nature of industry, business, or establishment in which employed (or employer).....000.....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 1401 Division St

MAY 25 1917

Filed....., 191.... Burial Permit Registrar.

ROBERT R. KRAUTH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1917, to May 22 1917, that I saw h.. alive on May 23 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pre-mature birth

(Duration) ....yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. 1 mos. 3 ds.

(Signed) Leonard M. C. Parker M. D.

May 24th, 1917. (Address) 1114 Hartman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 19 ds. In the State....yrs. 1 mos. 3 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, May 25 1917

20-UNDERTAKER M. Fahey & Sons — ADDRESS 406 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

H1 D 5566

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 213 ½ Calvert St. WARD)

2-FULL NAME Maggie Brick (Brock)

(Residence in Baltimore: No. 213 N. Calvert St.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 32 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): At Laundress

9-BIRTHPLACE, (State or Country), Annapolis Md

PARENTS.

10-NAME OF FATHER, Cap. Colbert

11-BIRTHPLACE OF FATHER (State or Country), Annapolis

12-MAIDEN NAME OF MOTHER Sarah Scott

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jerry Brock

(Address) 213 N. Calvert St.

15-

Filed MAY 25 1917 191.. ROBERT B. KRAUTER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May (Month) 24 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

Cancer Intestines 2 Years

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

May 25, 1917. (Address) 1639 Linden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Level Cem. DATE OF BURIAL, May 28, 1917

20-UNDERTAKER Theodore Mintz ADDRESS 1130 W. Fa

Spec.—5-19-13—M. & T.—500 Bks.

D 5567

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5567

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2120 North Calvert St. ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Swan Dunlap

(Residence in Baltimore: No. 2120 North Calvert St. St.; 72 yrs., 11 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June 4, 1845 (Month), 1 (Day) (Year)

7-AGE, 72 yrs. 11 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William Dunlap

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Eliza Swan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Swan Dunlap

(Address) 2120 N. Calvert St.

15- Filed MAY 25 1917, 191.... ROBERT L. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 28 1917, to May 23 1917, that I saw h[er] alive on May 23 1917, and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of Heart

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) Unknown yrs. mos. ds.

(Signed) Edward L. Landon M. D.

5/24, 191.7 (Address) 720 N. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Greenmount Cemetery. DATE OF BURIAL. May 25, 1917

20-UNDERTAKER Henry McMeans & Son ADDRESS 60 N. Calvert St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5568

CERTIFICATE OF DEATH.

D 5568

REGISTERED No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 N. Curley ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George R. Walker.

(Residence in Baltimore: No. 27 N. Curley St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widower

6-DATE OF BIRTH, May 4, 1852
(Month) (Day) (Year)

7-AGE, 65 yrs. mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hand Sales
(b) General nature of industry, business, or establishment in which employed (or employer): Mer. 066

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George M. Walker

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah Rochester

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. Walker

(Address) Raspeburg Md

15- Filed MAY 25 1917, 191.. ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1917, to May 23 1917, that I saw h m alive on May 23 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Oedema

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fatty Degen Heart

(Duration) yrs. mos. ds.

(Signed) Allen R. Bonham M. D.

May 23, 1917 (Address) 3139 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, May 26th, 1917.

20-UNDERTAKER John A. Moran

ADDRESS Bank & Caroline Sts.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5569

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

64 D 5569

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1130 Poplar Grove Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Virginia Gardner

(Residence in Baltimore: No. 1130 Poplar Grove Ave St.; 55 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Sept (Month) 23rd (Day) 1862 (Year)

7-AGE, 55 yrs. 8 mos. — ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER. William Amey

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Adell Sarbbe

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jamus Gardner

(Address) 1130 Poplar Grove Ave

15-

Filed MAY 25 1917 191.. ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23rd (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan— 191 7, to May 23 191 7, that I saw h.. alive on May 23 191 7, and that death occurred, on the date stated above, at 5.35P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Hemiplegia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Paralysis respiratory

Diphtheria (Duration) ..... yrs. ..... mos. 0— ds.

(Signed) G Mus Jones M. D.

May 23 191 7 (Address) 2802 Roslyn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet — DATE OF BURIAL, May 27.., 191.7

20-UNDERTAKER Josiah Sypes — ADDRESS 1600 N Gilmore Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5570

HEALTH DEPARTMENT—CITY OF BALTIMORE

Enmic E

CERTIFICATE OF DEATH.

114 D 5570

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Butler

(Residence in Baltimore: No. 21 E. Lanvale St St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH Oct. 23, 1870 (Month) (Day) (Year)

7-AGE, 46 yrs. 7 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Ga.

PARENTS.

10-NAME OF FATHER, Mr Schumano

11-BIRTHPLACE OF FATHER (State or Country), Ga

12-MAIDEN NAME OF MOTHER Miss Strickland

13-BIRTHPLACE OF MOTHER (State or Country), Ga.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).... Linder Butler

(Address)... Savannah Ga.

15- Filed MAY 26 1917 191.... KARRY O. ANDERSON Registrar.

Burial Permit issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 1917, to May 25 1917, that I saw h[illegible] alive on May 25 1917, and that death occurred, on the date stated above, at 1:30 a m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis

about (Duration) yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) Surgical Shock

about (Duration) yrs. mos. 3 ds.

(Signed) Edward P. Smith M. D.

May 28, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State Donot Know yrs. mos. ds.

Where was disease contracted, if not at place of death? 21 E Lanvale St

Former or usual residence 21 E Lanvale St

19-PLACE OF BURIAL OR REMOVAL, Savannah Ga. DATE OF BURIAL, May 28 1917.

20-UNDERTAKER Walter W Shriver ADDRESS 1018 Edmondson Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 5571

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5571

CERTIFICATE OF DEATH.

REGISTERED No. C 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Division ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Lewis

(Residence in Baltimore: No. 1127 Division St.; yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. fem

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, 5 (Month) 22 (Day), 1917 (Year)

7-AGE, yrs. mos. 3 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Jno. Lewis

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Hattie Tyler

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Lewis

(Address) 1127 Division St

15-

Filed MAY 26 1917 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 25 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 22 1917, to May 25 1917, that I saw her alive on May 24 1917, and that death occurred, on the date stated above, at 2:30 am.

The CAUSE OF DEATH* was as follows:

(a) General weakness

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) yrs. mos. ds.

(Signed) W. Brandfath M. D.

May 31, 1917 (Address) 354 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion — DATE OF BURIAL, May 26, 1917

20-UNDERTAKER Edward Ringgold — ADDRESS 1463 N Carey

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5572

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Stultz

Residence in Baltimore: No. University Hospital St.

(If not in Baltimore give STATE or COUNTRY.) ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) 5. 24, (Day) 1917 (Year)

7-AGE, 0 yrs. 0 mos. 2 ds. If LESS than 1 day, 18 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Albert Stultz

11-BIRTHPLACE OF FATHER (State or Country) Virginia

12-MAIDEN NAME OF MOTHER Ruth Davis

13-BIRTHPLACE OF MOTHER (State or Country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed MAY 26 1917, 191... HARRY C. ANDREAE, Vital Records Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) 5. (Day) 24, (Year) 1917.

17- I HEREBY CERTIFY, That I attended deceased from 5-23 1917, to 5-24 1917, that I saw h.. alive on 5-24 1917, and that death occurred, on the date stated above, at 12 p m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Masseu M. D.

5-24, 191.7 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

MAY 25 1917

Commissioner Health

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5573

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5573

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home St.; 15 WARD)

REGISTERED No. C 105

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Williams Leaguer

(Residence in Baltimore: No. 3414 Park Heights Ave St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 19th (Day), 1886 (Year)

7-AGE, 31 yrs. 1 mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Supt. 08 3
(b) General nature of industry, business, or establishment in which employed (or employer) Dredging Co.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thos W. League

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Eva Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia P. League

(Address) 3414 Park Heights Ave

15-

Filed MAY 26 1917, 191... HARRY O. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 23rd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19 1917, to May 23 1917, that I saw him alive on May 23 1917, and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

Acute Suppurative Nephritis with ulceration and perforation (Operation)

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) ... yrs. ... mos. 3 ds.

(Signed) Bayard Carter M. D.

May 23, 191 7. (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State ... yrs. 1 mos. ... ds.

Where was disease contracted, if not at place of death? 3414 Park Heights Ave

Former or usual residence 3414 Park Heights Ave.

19-PLACE OF BURIAL OR REMOVAL, Rye, New York

DATE OF BURIAL, May 26, 191 7

20-UNDERTAKER Chas F. Evans & Son

ADDRESS 118 W. Mt. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5571 — 28 — D 5571

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 N Bradford ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vaclav Tunek

(Residence in Baltimore: No. 427 N Bradford St.; 20 yrs., 4 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 5, 1897 (Month) (Day) (Year)

7-AGE, 20 yrs. 4 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): Street R. R. Co

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Vaclav Tunek

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Katharine Rochaz

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vaclav Tunek

(Address) 427 N. Bradford St

15-

Filed MAY 26 1917, 191.. HARRY C. ANDREWS Registrar.

BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 21 1917, to May 23 1917, that I saw h.. alive on May 23 1917, and that death occurred, on the date stated above, at 9.15 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) yrs. mos. 2 ds.

(Signed) W. J. Rip Dorsett M. D.

May 24, 1917. (Address) 200 S. Ashland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 26, 1917.

20-UNDERTAKER Frank Crackston — ADDRESS 1906 Eastland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5575

CERTIFICATE OF DEATH.

40 D 5575

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 N Chapel ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josef Charvat

(Residence in Baltimore: No. 117 N Chapel St.; 40 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known, ... (Month) ..... (Day) 1 (Year)

7-AGE, 76 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Frank Charvat

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Charvat

(Address) 117 N Chapel St

MAY 25 1917

15-

Filed MAY 26 1917, 191.... MARY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1917, to May 24 1917, that I saw him alive on May 23 1917, and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma ? the Stomach

(Clinical & Laboratory Diagnosis)

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Intestular Heart Disease

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) D. A. Kinsella M. D.

May 25, 1917. (Address) 604 N Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 28, 1917.

20-UNDERTAKER, Frank Brack & Son — ADDRESS 1906 Bland

D 5576

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

152 D 5576

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 151 W Hamburg St. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown Infant Lord

(Residence in Baltimore: No. 151 W. Hamburg St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	

6-DATE OF BIRTH: May (Month) 25 (Day), 1917 (Year)

7-AGE: ... yrs. ... mos. ... ds. If LESS than 1 day, 3 hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: \
(b) General nature of industry, business, or establishment in which employed (or employer): \

500 670

9-BIRTHPLACE (State or country): md.

PARENTS

10-NAME OF FATHER: Clarence Robinson

11-BIRTHPLACE OF FATHER (State or country): md

12-MAIDEN NAME OF MOTHER: Edith Gross

13-BIRTHPLACE OF MOTHER (State or country): md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edith Gross

(Address) 151 W Hamburg St

15- MAY 26 1917 Filed ..., 191...

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24, 1917, to, May 25 1917, that I saw him alive on May 25 1917, and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Prolonged Labor

(Duration) ... yrs ... mos ... ds.

Contributory (SECONDARY)

(Duration) ... yrs ... mos ... ds.

(Signed) J. Guy Bowley M. D.

5/26/ 1917 [Address] 136 W West St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? \

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Ct	May 26, 1917
20-UNDERTAKER	ADDRESS
L. C. Brown & Son	108 N. Howard

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5577 HEALTH DEPARTMENT---CITY OF BALTIMORE ✓ D 5577

CERTIFICATE OF DEATH

120

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Leaden hall St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frogiauna Ayers

Residence in Baltimore: No. 1015 Leadenhall St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Single

6-DATE OF BIRTH Aug (Month) 14 (Day), 1878 (Year)

7-AGE 38 yrs. 9 mos. 10 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE (State or country) Balto md

PARENTS

10-NAME OF FATHER Louis Ayers

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Rachel Thorey

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James E. Parker

(Address) 114 Bruin St

Filed MAY 26 1917, 191 HARRY O. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21, 1917, to, May 24 1917, that I saw h.. Ex alive on May 23 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis

8 Cl

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), H S McCarty M. D.

5/25, 1917. [Address] 1005 Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Ct	May 26 1917
20-UNDERTAKER	ADDRESS
S. E. Brown & Son	108 N. Monty St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5578

CERTIFICATE OF DEATH.

120 D 5578

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2529 Christian ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma E Healey

(Residence in Baltimore: No. 2529 Christian St.; 56 yrs., 8 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, Feb 8, 1860 (Month) (Day) (Year)

7-AGE, 56 yrs. 8 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Edward B Thompson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Rebecca Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Katie Mohr

(Address) 2529 Christian St

15-

Filed MAY 26 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19 1917, to May 24 1917, that I saw h.. alive on May 24 1917, and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ? yrs. mos. ds.

(Signed) Norbert C Mekeel M. D.

May 25, 1917 (Address) 2249 Wilkens

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, May 28, 1917

20-UNDERTAKER Elmer W Conklin — ADDRESS 924 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5579

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 D 5579

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 E. Monroe ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A. Pavelbeck

(Residence in Baltimore: No. 404 E. Monroe St.; 48 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, April 10th, 1850 (Month) (Day) (Year)

7-AGE, 67 yrs. 1 mos. 9 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer): At Home 037

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Sylthaus

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Cath. Geres

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Pavelbeck

(Address) 404 E. Monroe St.

15- MAY 26 1917 HARRY G. ANTLESS

Filed ....., 191.... Registrar. BURIAL PERMIT ISSUED

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1915, to May 25 1917, that I saw h[er] alive on May 24 1917, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach & liver

(Duration) 1 yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) ...

Appendicitis (Duration) ... yrs. 1 mos. ... ds.

(Signed) R. H. A. Mayer M. D.

May 25, 1917. (Address) 2436 Guilford Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: May 27th, 1917

20-UNDERTAKER: Mr. & Mrs. John H. Penfold ADDRESS: 800 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5580

CERTIFICATE OF DEATH.

151 D 5580

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 611 N Calvert ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Carolton Bright

(Residence in Baltimore: No. 611 N Calvert St. St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
M	W	S

6-DATE OF BIRTH, ...May....24...., 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. ....ds.	3 hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Louis W Bright

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Eura Wright.

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs L W Bright
(Address) 611 N Calvert St

15- HARRY C. ANDREWS
Filed MAY 26 1917 19.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...May....24...., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24 1917, to May 24 1917, that I saw h.m alive on May 24 1917, and that death occurred, on the date stated above, at 12.45 p.m.

The CAUSE OF DEATH* was as follows:

Asphyxia (Traumatism birth.)

.....3 hrs
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Joseph T Deaver M. D.

May 25, 1917 (Address) 1621 E Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn cemetery	May 26, 1917.
20-UNDERTAKER	ADDRESS
W W Routson	2301 Greenmount

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5581

CERTIFICATE OF DEATH.

79 D 5581

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 S. Kenwood Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Kaifer.

(Residence in Baltimore: No. 500 S Kenwood Ave St.; 62 yrs., 8 mos. 23 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug 30 (Month) (Day), 1854 (Year)

7-AGE, 62 yrs. 8 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home.

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Adam Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Bavaria.

12-MAIDEN NAME OF MOTHER Mueller.

13-BIRTHPLACE OF MOTHER (State or Country), Bavaria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Kaifer

(Address) 500 S. Kenwood Ave

15-

Filed MAY 26 1917 191.... HARRY C. ANDREWS

Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23rd (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1917, to May 23 1917, that I saw h.. alive on May 23 1917, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Valvular Cardiac Dis —

(Duration) yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary) General Anasarca —

(Duration) yrs. 1 mos. ds.

(Signed) Mark O'Bonsen M. D.

May 25, 191.7. (Address) 175 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 26, 191.7.

20-UNDERTAKER Lilly & Zeiler — ADDRESS 405 S. Wolfe St

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5582 — 103 — D 5582

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 811 Ashland Ave ST. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Samuel Wright

Residence in Baltimore: No. 811 Ashland Ave. St.: - yrs. - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colord

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown. (Month) (Day), 1866 (Year)

7 AGE: 51 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9 BIRTHPLACE (State or country): Easton Shore Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Sarah Wright

13 BIRTHPLACE OF MOTHER (State or country): in Va

14 I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wife Rebecka Wright
(Address) 811 Ashland Ave

15 Filed MAY 26 1917, 191 — HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 5 (Month) 23 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1917, to May 23 1917, that I saw him alive on May 23, 1917, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) ..... yrs. 12 hours. mos. ..... ds.

Contributory (SECONDARY) Acute dilatation of heart

(Duration) ..... yrs. ..... mos. 1 hour. ds.

(Signed) A. P. Hornstein M. D.

5/24, 1917 (Address) 733 Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn — DATE OF BURIAL: May 26, 1917

20 UNDERTAKER: Mrs R A Elliott — ADDRESS: 506 East 21

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 5 WARD)

REGISTERED No. C 120 D 5583

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty Jones

(Residence in Baltimore: No. 409 Somerset St St.: ...yrs...mos...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, December 25, 1875
(Month) (Day) (Year)

7-AGE, 41 yrs. 4 mos. 29 ds.

If LESS than 1 day, ...hrs. or ...mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): 041

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Jack Williams

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Henrietta Stevenson

13-BIRTHPLACE OF MOTHER (State or Country), N C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) Johns Hopkins Hospital

15- MAY 26 1917 HARRY O. ANDREWS

Filed ....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1917, to May 24 1917, that I saw h[illegible] alive on May 24 1917, and that death occurred, on the date stated above, at 5 15 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (Surg.)
Myocardial degeneration
Anasarca

(Duration) ...yrs. 2 mos. ...ds.

CONTRIBUTORY (Secondary)
Anasarca (Duration) ...yrs. ...mos. 14 ds.

(Signed) [illegible] M. D.

May 24, 191.7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 10 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 409 Somerset St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, May 27, 191.7

20-UNDERTAKER Mrs Rofest-A Elliott — ADDRESS 6-06 East 2

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5581

CERTIFICATE OF DEATH.

28 D 5581

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 W. Hill ST.; 32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Baily

(Residence in Baltimore: No. 120 W Hill St.; 40 yrs., ... mos., ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) ..... (Day) 1877 (Year)

7-AGE, 40 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Brewery

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Arthur Bailey

11-BIRTHPLACE OF FATHER (State or Country), Md Va

12-MAIDEN NAME OF MOTHER Emma Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Bailey

(Address) 120 W Hill St

15-

Filed MAY 26 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 20 1917, to May 25 1917, that I saw h[illegible] alive on May 24 1917, and that death occurred, on the date stated above, at 5.55 p.m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar 7d

..... (Duration) 5 yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Alcoholism

..... (Duration) ... yrs. 1 mos. 5 ds.

(Signed) ..... M. D.

May 25 191.7 (Address) 762 S. Stricker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, May 28 1917

20-UNDERTAKER John H Trodden — ADDRESS 142 W Hill St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5585

CERTIFICATE OF DEATH.

104 D 5585

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 730 N Peters St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loretta A. Geary

(Residence in Baltimore: No. 730 N Peters St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	single

6-DATE OF BIRTH, Dec. (Month) 1 (Day), 1916 (Year)

7-AGE, ... yrs. 5 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Walter F. Geary

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Lora E. Redmond

13-BIRTHPLACE OF MOTHER (State or Country), Ft Wayne County Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Geo. J. Jordans

(Address)..... 217 S. Paca St.

15- MAY 26 1917

Filed....., 191.... ROBERT B. [illegible] Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24 1917, to May 25 1917, that I saw her alive on May 25 1917, and that death occurred, on the date stated above, at 11.25 m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Gastro-enteritis

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) J. Bailey Strong M. D.

May 26, 1917. (Address) 724 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cy. DATE OF BURIAL, May 27, 1917.

20-UNDERTAKER Jos. Jordans, Son ADDRESS 217 S. Pac

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 5586

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Hohman

(Residence in Baltimore: No. 819 Glover St ..... St.; 29 yrs., 0 mos. 0 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	widowed

6-DATE OF BIRTH, Aug 25 (Month) (Day), 1887 (Year)

7-AGE, 29 yrs. 9 mos. 0 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Painter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Michel Hohman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Sophia Barthing

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother Sophia Hohman

(Address) 819 N. Glover St

15-

Filed MAY 26 1917 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22 1917, to May 25 1917, that I saw h[im] alive on May 25 1917, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 days.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ....yrs. ....mos. 1 day.

(Signed) Edward Stockton M. D.

May 25, 1917. (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 819 Glover St.

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, May 28 1917

20-UNDERTAKER Robt J. Turner ADDRESS 742 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 5587

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5587

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 N Bradford ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle Griffin (Griffen)

(Residence in Baltimore: No. 1505 N. Bradford St.; ..... yrs., 5 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	White	single

6-DATE OF BIRTH, 12 (Month) 16 (Day), 1916 (Year)

7-AGE, ... yrs. 5 mos. 9 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Herman W. Griffin

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Annie R Yost

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman W. Griffin

(Address) 1505 N. Bradford

15-

Filed MAY 26 1917 191... ROBERT R. KRAUTER... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7th 1917, to May 24 1917, that I saw her alive on May 24th 1917, and that death occurred, on the date stated above, at 7.05 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 17 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) John Ayd M. D.

May 25, 1917. (Address) 1937 Mount St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Dehwaty Cemetery	May 28 1917
20-UNDERTAKER	ADDRESS
Robt. J. Turner	1442 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 5588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80 D 5588

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1204 Hollins ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M Bayer

(Residence in Baltimore: No. 1204 Hollins St.; 73 yrs. mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED~~, WIDOWED or DIVORCED (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 1st (Day), 1844 (Year)

7-AGE, 73 yrs. mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Fifel

11-BIRTHPLACE OF FATHER (State or Country), Baltimore md

12-MAIDEN NAME OF MOTHER, Mary A Stewart

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo W Wehler

(Address) 1318 Hollins St.

15- MAY 26 1917 Filed, 191

ROBERT B. KRAUSE Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1917, to May 24 1917, that I saw h[illegible] alive on May 12 1917, and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Acute Angina Pectoris

(Duration) yrs. mos. ½ hour

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) J. M. Lamprecht M. D.

May 25, 1917. (Address) 826 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, May 28 1917

20-UNDERTAKER Robert Brockerhoff

ADDRESS Calhoun Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5589

CERTIFICATE OF DEATH.

105 D 5589

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Peach alley ST.; 72 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Jackson

(Residence in Baltimore: No. Same 1009 Peach Alley St.: ....yrs.. ....mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb ....., 1913
(Month) (Day) (Year)

7-AGE, 4 yrs. 8 mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... horse
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt md.

PARENTS.

10-NAME OF FATHER, Henry Jackson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Doe

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry + Mary Jackson

(Address) 1009 Peach alley

15-

Filed MAY 26 1917 191.... ROBERT P. KRAUTZ
Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1917, to May 24 1917, that I saw him alive on May 24 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Gastro enteritis

3 wks (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) S. A. Kearse M. D.

May 25 1917. (Address) 522 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, May 26, 1917.

20-UNDERTAKER M. Dayler Son ADDRESS 15 E. Lee St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

5590

CERTIFICATE OF DEATH.

120 D 5590

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 849 Hollins ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Clay McCurley

(Residence in Baltimore: No. 849 Hollins St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 13, 1845
(Month) (Day) (Year)

7-AGE, 72 yrs. 4 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John McCurley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Snield

13-BIRTHPLACE OF MOTHER (State or Conntry), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Gray McCurley

(Address) 849 Hollins St

15- MAY 26 1917 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8 1917, to May 25 1917, that I saw him alive on May 24 1917, and that death occurred, on the date stated above, at 1.45 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) E V Cronkhite M. D.

5/25, 191.7 (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 28, 1917

20-UNDERTAKER Geo J Smith — ADDRESS 1000 W Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5591

CERTIFICATE OF DEATH.

120 D 5591

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 W Fayette St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Stirff

(Residence in Baltimore: No. 708 W Fayette St; ..... St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... January 14, 1835
(Month) (Day) (Year)

7-AGE 82 4 9
.....yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Manufr.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Chas W Stirff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catharine Rorder

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Fred. Stirff

(Address) ..... 9 N. Liberty St

15- MAY 26 1917 Filed....., 191.....

ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May 24, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 20 1917, to May 24 1917, that I saw h[illegible] alive on May 24 1917, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

..... Hypostatic Pneumonia, Chronic
..... Nephritis .....
..... (Duration) 2 yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Acute Bronchitis
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Wm J Mayo ..... M. D.

May 25, 1917. (Address) ..... 919 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, May 26, 1917.

20-UNDERTAKER H. Thickens Jr. ADDRESS North ave

Dr. Mayo 919 W Charles St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5592

CERTIFICATE OF DEATH.

1920 D 5592

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1142 N. Gilmor ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Drohan

(Residence in Baltimore: No. 1142 N. Gilmor St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Jan 27 (Month) (Day) 1837 (Year)

7-AGE, 80 yrs. 3 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Thomas Hardesty

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Amelia Roache

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. C. Drohan

(Address) 1142 N. Gilmor St

15-

Filed MAY 26 1917 191.. ROBERT R. CRATER

Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25 1917, to May 25 1917, that I saw her alive on May 24th 1917, and that death occurred, on the date stated above, at 6:45 p. m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 2 yrs. mos. ds.

(Signed) E. Olin Mumaw M. D.

May 25, 1917 (Address) 1221 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery DATE OF BURIAL, May 28 191.7

20-UNDERTAKER Mrs. A. Rohde & Son ADDRESS 730 Pa Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5593

CERTIFICATE OF DEATH.

D 5593

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 Battery Ave. ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest J. Worch

(Residence in Baltimore: No. 1425 Battery Ave. St.; 19 yrs., 2 mos. 15 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 8, 1898
(Month) (Day) (Year)

7-AGE, 19 yrs. 2 mos. 15 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Umbrella Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Geny Bros

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Worch

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary C. Hayne

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M. C. Worch

(Address) 1425 Battery Ave

15- Filed MAY 26 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23rd 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1917, to May 23 1917, that I saw him alive on May 22 1917, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary)

(Duration) .... yrs. .... mos. .... ds.

(Signed) Philip R. Fowler M. D.

May 24, 1917 (Address) 1432 William

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, London Park | DATE OF BURIAL, May 26, 191.7

20-UNDERTAKER Jos B Cook | ADDRESS 1003 W Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 5591

CERTIFICATE OF DEATH.

79 D 5591

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 766 Mulberry ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Parker

Residence in Baltimore: No. 766 Mulberry St.

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, ... May (Month) 21 (Day) 1 (Year)

7-AGE	If LESS than 1 day,
67 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nothing
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edward Smith.

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maria Jones

(Address) 766 W. Mulberry St.

15- Filed MAY 26 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert L. Driscoll M. D.
(Coroner)

May 26, 1917. (Address) 312 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Station Mem. Co.	May 27 1917
20-UNDERTAKER	ADDRESS
Samuel Newsley	5 W. Lexington St.

Angie Harris

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59 / 29 D 5595

64 / 36+x D 5595

REGISTERED NO. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 3502 Chatsworth Road ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angie Harris

Residence in Baltimore: No. 3502 Chatsworth Road

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col	Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

6-DATE OF BIRTH, Autumn, 1853

7-AGE, 81 yrs. autumn mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer)..... 021

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Dont May 25, 191.?

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Reeder

(Address) 3502 Chatsworth Road

15- Filed MAY 26 1917 191.... ROBERT B. KRAUER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy 4 Hours

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) J. W. Holtzhauer M. D.
(Coroner.)

(Address) 5 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 1 yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Lombridge Md — DATE OF BURIAL, May 26 1917

20-UNDERTAKER, Samuel J. Hemsley — ADDRESS 578 Bdle

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1917

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 D 5596

CERTIFICATE OF DEATH.

79 D 5596

REGISTERED No. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 625 N. Bradd ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Susan Rodgers

Residence in Baltimore: No. 625 N. Bradd

St.; yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Widow

6-DATE OF BIRTH, ..., 1837
(Month) (Day) (Year)

7-AGE, 79 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jos. Boiling

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Jackson

(Address) 625 N. Bradd

Filed MAY 26 1917 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Incompetency of the Mitral Valve

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cirrhosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. McAdams M. D.
(Coroner)

May 25, 191... (Address) 1911 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	May 27, 191...

20-UNDERTAKER	ADDRESS
Samuel J. Hensley	578 N. Bradd

D 5597

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

D 5597

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 626 N Bethel St.; 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Calvin B Pullen

(Residence in Baltimore: No. 626 N Bethel St.; life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	colored	single

6-DATE OF BIRTH May (Month) 7 (Day), 1912 (Year)

7-AGE 5 yrs. 0 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto md

PARENTS

10-NAME OF FATHER William H. Pulley

11-BIRTHPLACE OF FATHER (State or country) md

12-MAIDEN NAME OF MOTHER Mary Morris

13-BIRTHPLACE OF MOTHER (State or country) md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary M. Pulley

(Address) 626 N Bethel St

15. MAY 26 1917 ROBERT R. KRAUTER

Filed ....., 191.... Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 24 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 23 1917. to. May 24 1917.

that I saw h~~im~~ alive on May 24 1917.

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Rt. Lung
4 days (Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Hypertrophy of Heart
Life (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), J. Edward Fisher M. D.

May 25 1917. (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Laurel cemetery | DATE OF BURIAL: May 27 1917

20-UNDERTAKER: Milton. Davis. | ADDRESS: 413 N. Eden St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5598

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 5598

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 29

CITY OF BALTIMORE (No. 1424 Darley Avenue, St.: 8 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Catherine Freitag,

(Residence in Baltimore: No. 1424 Darley Avenue. St.: 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female,

4 COLOR OR RACE: White,

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married,

6 DATE OF BIRTH: May (Month) 16th (Day), 1841. (Year)

7 AGE: 76 yrs. 0 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife,
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany,

PARENTS

10 NAME OF FATHER: Philip Lanz,

11 BIRTHPLACE OF FATHER (State or country): Germany,

12 MAIDEN NAME OF MOTHER: Catherine Buch,,

13 BIRTHPLACE OF MOTHER (State or country): Germany,

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William Freitag, husband,
(Address) 1424 Darley Avenue.

15 Filed MAY 26 1917 191 ROBERT B. KRAUTER Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 24th (Day), 1917. (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 28, 1916, to May 24th 1917.
that I saw her alive on May 24th, 1917.
and that death occurred, on the date stated above, at 11p. m.
The CAUSE OF DEATH* was as follows:

Cardiac insufficiency,

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Arteriosclerosis,

(Duration) ? yrs. ? mos. ? ds.

(Signed) J. Frederick Hemsel, M. D.

May 26, 1917. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mount Olivet C | DATE OF BURIAL: May 27, 1917

20 UNDERTAKER: Wm Rowlson | ADDRESS: 230 Greene

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

D 5599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

D 5599

1-PLACE OF DEATH Balto. Eye, Ear & Throat Hosp. REGISTERED No. C .....

CITY OF BALTIMORE (No. 625 N. Franklin St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Hall

Residence in Baltimore: No. 914 Harlem Ave St.; 79 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD—WRITE WITH PEN AND INK

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Apr — (Month) — (Day), 1838 (Year)

7-AGE: 79 yrs. 1 mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: — None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Md

14-I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lillian Snyder

(Address) 1003 Edmondson Ave

15-

Filed MAY 26 1917 ROBERT B. KRAUTER

Burial Permit ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 25 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1917, to May 25 1917, that I saw h.er alive on May 24, 1917, and that death occurred, on the date stated above, at 12 15 noon m.

The CAUSE OF DEATH* was as follows:

Apoplexy

10 minutes (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Cataract Extraction (May 22) (Duration) ..... yrs. ..... mos. ..... ds.

Nephritis

(Signed) Francis D Jamar M.D.

May 25, 1917 (Address) 405 N Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. 3 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem DATE OF BURIAL: May 28, 1917

20-UNDERTAKER: F.A. Krause ADDRESS: 703 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

D 5600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56 D 5600

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3016. Presstman ST.; 16 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Schofield
(Residence in Baltimore: No. 3016. Presstman St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, March 31st 1850
(Month) (Day) (Year)

7-AGE, 67 yrs. 1 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dyer
(b) General nature of industry, business, or establishment in which employed (or employer): 027

9-BIRTHPLACE, (State or Country), England

PARENTS.
10-NAME OF FATHER, Abraham Schofield
11-BIRTHPLACE OF FATHER (State or Country) England
12-MAIDEN NAME OF MOTHER unknown
13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Annie E Wilson
(Address) 516 Hoerhill Ave.

15- MAY 26 1917
Filed ....., 191.....
ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17 1917, to May 25 1917, that I saw him alive on May 25 1917, and that death occurred, on the date stated above, at 9.15 p.m.

The CAUSE OF DEATH* was as follows:
Chronic Alcoholism
(Duration) 20 yrs. mos. ds.
CONTRIBUTORY (Secondary) Alcoholic Coma
(Duration) yrs. mos. 1 ds.

(Signed) J. C. Davidson M. D.
May 25, 1917. (Address) 3155 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, May 28, 1917

20-UNDERTAKER G. C. Walker ADDRESS 733 W. Lafayette

D 5601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 D 5601

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 520 E 20th St., 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Bruns

(Residence if in Baltimore: No. 520 E 27th St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Born

6-DATE OF BIRTH, May 26, 17
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 7 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Lawrence Bruns

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Affapoos

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Bruns

(Address) 520 E 27th St.

15- MAY 26 1917 Filed ROBERT R. KRAUTER 191.... Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Atelectasis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Wm. Lusby (Coroner.)

May 26, 1917 (Address) 4 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
New Cathedral	May 27 1917
20-UNDERTAKER	ADDRESS
Robt J Turner	1742 E Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5602

CERTIFICATE OF DEATH.

61 D 5602

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 W. Lanvale ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Edwards

(Residence in Baltimore: No. 612 W Lanvale St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, March 23, 1909 (Month) (Day) (Year)

7-AGE, 8 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer)..... Girl

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Robt Edwards

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Maggie Carrol

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Maggie Edwards

(Address)..... 612 W. Lanvale

15-

Filed MAY 26 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to ....191....,
that I saw h.... alive on ....191....,
and that death occurred, on the date stated above, at ....m.
The CAUSE OF DEATH* was as follows:

Epidemic Meningitis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. P. Hogan M. D.

May 25th, 1917. (Address) Health Department

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 27, 191.

20-UNDERTAKER, Samuel Stanley — ADDRESS 5 John St

Body at morgue.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5603

CERTIFICATE OF DEATH.

120 D 5603

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 N. Durham ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie M. Thomas

(Residence in Baltimore: No. 1522 N. Durham St.; 50 yrs., 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, April (Month) 9 (Day), 1867 (Year)

7-AGE, 50 yrs. 1 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Annie E. Gibson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Samuel Godfrey

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Annie E. Thomas

(Address) Chestnut ave + Oak st Govans Md

15- Filed MAY 26 1917, 191.. ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to May 25 1917, that I saw her alive on May 26 1917, and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. Macdermot M. D.

May 27, 1917. (Address) 1540 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, May 29, 1917.

20-UNDERTAKER Geo. Scheuling & Sons

ADDRESS 1126 E. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5601 — 79 — D 5601

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1632 E Biddle ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Annie C Schnell

(Residence in Baltimore: No. 1632 E Biddle St.; 60 yrs., — mos., — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, April (Month) 5 (Day), 1847 (Year)

7-AGE, 70 yrs. 1 mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 03

9-BIRTHPLACE, (State or Country), Germany

PARENTS.
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER Margaret Engel
13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Miss Barbara Rauch
(Address) 1632 E Biddle st

15-
Filed, MAY 26 1917, 191.... ROBERT B. KRAUTER, Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 24th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20th 1917, to May 25th 1917, that I saw h alive on May 24th 1917, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) General Anasarca

(Duration) .... yrs. .... mos. .... ds.

(Signed) H. E. Stone M. D.

May 26th, 191... (Address) 1500 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cemetery	May 27th, 191 7.
20-UNDERTAKER	**ADDRESS**
George Schilling & Sons	1126 E Monument

25

Spec.—8-24-14—M. & T.—2000 Bks.

D 5605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 5605

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 E Monument ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte A. Hentz

(Residence in Baltimore: No. 1223 E Monument St.; 50 yrs., 3 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED (~~Write the word.~~) Divorced

6-DATE OF BIRTH, February 9, 1867 (Month) (Day) (Year)

7-AGE, 50 yrs. 3 mos. 15 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ~~Home~~

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Theodore C. Trautman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Charlotte A Muendlein

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charlotte A Trautman

(Address) 1223 E Monument st

15- MAY 26 1917 Filed....., 191.....

ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7th 1917, to May 24 1917, that I saw her alive on May 24 1917, and that death occurred, on the date stated above, at 9 16 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Pylorus
Duodenum
unknown (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Ulcerated
Tuberculosis Pylorus unknown (Duration) ... yrs. ... mos. ... ds.

(Signed) Amelia Zimmerman M. D.

May 25, 1917. (Address) 1805 W North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, May 27, 1917.

20-UNDERTAKER Geo. Schilling & Sons

ADDRESS 1126 E Monument

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5606

CERTIFICATE OF DEATH.

47 D 5606

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2103 Dukeland Ave. St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eunice Etta Shipley

(Residence in Baltimore: No. 2103 Dukeland Ave. St.; 7 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Aug. (Month) 27 (Day), 1903 (Year)

7-AGE, 13 yrs. 8 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Otho A. Shipley

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Belva P. Freeze

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Otho A. Shipley

(Address) 2103 Dukeland Ave

15- Filed MAY 26 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1917, to May 25 1917, that I saw h[illegible] alive on May 25 1917, and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Acute Rheumatism

(Duration) 1 yrs. ....mos. ....ds.

(Signed) Otho Briscoe M. D.

May 25, 191 7. (Address) 222 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Reisterstown, Md. DATE OF BURIAL, May 27 191 7.

20-UNDERTAKER Horace Burgee & Son ADDRESS 363 Hall Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5607

CERTIFICATE OF DEATH.

40 D 5607

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 3907 Old York Road ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha A. Hall

Residence in Baltimore: No. 3902 Old York Road St.; 60 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Widow

6-DATE OF BIRTH, Dec. 15, 1838 (Month) (Day) (Year)

7-AGE, 78 yrs. 5 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER, Mordecai F. Mullen

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Elizabeth Donaldson

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. M. D. Hall

(Address) 3902 Old York Road

15-
Filed MAY 26 1917 191.....
ROBERT R. KRAUTER
Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1917, to May 25 1917, that I saw h er alive on May 23 1917, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Senility

Unknown

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Suspected Carcinoma of Liver

(Duration) 1 yrs. 8 mos. ....ds.

(Signed) John Evans M. D.

May 25, 1917 (Address) 502 Franklin Terrace

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, May 27, 1917.

20-UNDERTAKER Horace Burgee & Son — ADDRESS 3631 Falls Road

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5608

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5608

CERTIFICATE OF DEATH.

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 527 E.Gitting St. ST.: 24 WARD)

2-FULL NAME Mary Elizabeth Gurry.

(Residence in Baltimore: No. 527 E.Gitting St. St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	White.	Single.

6-DATE OF BIRTH, May 24th. 1917., (Month) (Day) 1 (Year)

7-AGE, ---- yrs. ---- mos. ---- ds. If LESS than 1 day, ---- hrs. or 5 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John J.Gurry

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Agnes I.Carroll.

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J.Gurry. (father)

(Address) 527 E.Gitting St.

15. Filed MAY 26 1917, 191. ROBERT R. KRAUTER Registrar. Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24th. 1917., (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth.(unknown)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Rennhardt M. D. (Coroner.)

May 25, 1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, May 26 1917

20-UNDERTAKER M.L. Flynn — ADDRESS 1432 Light

Spec.—8-24-14—M. & T.—2000 Bks.

D 5609

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5609

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Vincents Infant Asylum

CITY OF BALTIMORE: (No. 1701 Division ST., 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William P. Lynn

(Residence in Baltimore: No. 1701 Division St.; 1 yrs., 6 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. 24, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Matthew Lynn

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Flynn

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matthew Lynn

(Address) No 1 Byrd

15- MAY 26 1917 ROBERT R. KRAUTER

Filed ....., 191... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 17 1917, to May 25 1917, that I saw h[illegible] alive on May 25 1917, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Membranous Croup

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Edward M. C. Parker M. D.

....., 191... (Address) 114 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 21 ds. In the State 1 yrs. 6 mos. 2 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, May 26, 1917.

20-UNDERTAKER M. G. Flynn ADDRESS 1422 Light

4 P.m.

N.B.—CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5610

CERTIFICATE OF DEATH.

REGISTERED No. C 5610

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 847 Lemmon St.; 19 WARD)
2-FULL NAME John Spence
(Residence in Baltimore: No. 117 S. Stockton St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH. ....., 1 .....
(Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Excavator

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country). Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) A. Jones
(Address) 207 S. Stricker St

15- MAY 26 1917 Filed....., 191.....
ROBERT R. KRAUTER
Registrar
Burial Permit 67832

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
Inquiry find that said deceased came to death on the day stated above.
(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease
..... (Duration) .....yrs. .....mos. .....ds.
CONTRIBUTORY (Secondary) .....
..... (Duration) .....yrs. .....mos. .....ds.

(Signed) A. Oral D. Driscoll M. D.
(Coroner)
May 23, 1917. (Address) 2123 Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 26 1917
20-UNDERTAKER A. Jones	ADDRESS 207 S Stricker St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5611

CERTIFICATE OF DEATH.

16

REGISTERED No. C D 5611

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 10 WARD)

2-FULL NAME Garrett Davis

(Residence if Baltimore: No. 708 Sterling St.; yrs., 9 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 2 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). (Smith)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julius Nichols

(Address) 531 N. Dallas

15- Filed MAY 27 1917, 191.. ROBERT R. KRAUTER
Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns. Accidentally fell into Hotlack

Duration) Few days yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

1 (Duration) yrs. mos. ds.

(Signed) A. S. Riley M. D.
(Coroner.)

May 26, 191.7 (Address) 1657 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death Few days yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery Sharps Wharf Va. DATE OF BURIAL, May 28, 1917

20-UNDERTAKER Harry A Vodery ADDRESS 1735 Orleans St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5612

CERTIFICATE OF DEATH.

81 D 5612

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Howell

(Residence in Baltimore: No. 510 W Mulberry St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., (Month) ..... (Day) 1870 (Year)

7-AGE, 47 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) 015

9-BIRTHPLACE, (State or Country), N.C.

PARENTS.

10-NAME OF FATHER, Carter Howell

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Cecelia Parker

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Lombard & Greene Sts.

15- Filed MAY 27 1917, 191..... ROBERT B. KRAUSER Registrar.

Burial Permit Oberst

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1917, to May 26 1917, that I saw him alive on May 26 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia (a)
Tuberculosis of Descending
Aorta)
..... (Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage

..... (Duration) ..... yrs. ..... mos. 12 ds.

(Signed) [illegible] M. D.

5-26-, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State 5- yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 510 W Mulberry St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, May 28 1917.

20-UNDERTAKER W. M. Faulkner

ADDRESS 429 W Lexington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Wm J. Dorkins

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5613

CERTIFICATE OF DEATH.

89 D 5613

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Carter St.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Ozias Dorkins

(Residence in Baltimore: No. 1526 Carter St.; ....yrs., ...mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, 6 (Month) 5 (Day), 1916 (Year)

7-AGE, ...yrs. 10 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Dykins

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ona Dykins

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Dykins

(Address) 1526 Carter St.

15- Filed MAY 27 1917, 191. ROBERT R. KRAUTH, Burial Permit Reporter.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 18 1917, to May 26 1917, that I saw h-- alive on May 26 1917, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH was as follows:

Acute Bronchitis

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Cirrhosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) R. Garland Arnold M. D.

May 27, 1917. (Address) 1334 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cemetery DATE OF BURIAL, 5-28, 1917.

20-UNDERTAKER Felix B. Pye ADDRESS 1052 E. Baltimore St.

Spec.—6-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5611

CERTIFICATE OF DEATH.

120 D 5611

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Laurens ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roberta Genevieve Anderson

(Residence in Baltimore: No. 1614 Laurens St.; 14 yrs., 8 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 4 (Day), 1902 (Year)

7-AGE, 14 yrs. 8 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Charles Robert Anderson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER, Cara Rebecca Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hilliard C. Smith

(Address) 1232 Baltimore

15- Filed MAY 27 1917 ROBERT R. KRAUSE 191 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 7 1917, to May 27 1917, that I saw her alive on May 26 1917, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

.....

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Toxaemia

..... (Duration) ..... yrs. ..... mos. 30 ds.

(Signed) Laurence F. Shannon M. D.

May 27, 1917. (Address) 3300 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Mt. Olivet Cemetery DATE OF BURIAL, May 29 1917

20-UNDERTAKER Geo. J. Smith ADDRESS 1000 Fayette St

N.B.—Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. [illegible] 00 Bks.

D 5615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C D 5615

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 W Franklin ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Bauch.

(Residence in Baltimore: No. 1128 W Franklin St.) (2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb 23, 1915
(Month) (Day) (Year)

7-AGE, 2 yrs. 3 mos. 6 ds. | If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Peter Bauch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Hoffman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Paula Barnes

(Address) 1128 W Franklin

15- ROBERT R. KRAUTH
Filed MAY 27 1917 191 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 1917, to May 6 1917, that I saw her alive on May 25 1917, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Concussion of Utero
"no gestation"
(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia yes
(Duration) yrs. mos. ds.

(Signed) J. T. Ahearn M. D.

May 24, 1917. (Address) 1042 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, May 28, 1917.

20-UNDERTAKER New York — ADDRESS 1126 North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5616

CERTIFICATE OF DEATH.

34

D 5616

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2181 Eutaw ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gustaitis

(Residence in Baltimore: No. 2181 Eutaw St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, ...Feb.... (Month) .... (Day) 1881 (Year)

7-AGE,	If LESS than 1 day,
31 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER Ignat Kamenkus

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Rozalia Kosenas

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Gustaitis

(Address) 2181 Eutaw

15- Filed MAY 27 1917 191. ROBERT R. KRAUTER Burial Permit Clerk.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1917, to May 25 1917, that I saw h-er alive on May 25 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Kidney

(Duration) ....yrs. ....mos. ....ds.

(Signed) Walter A Coe M. D.

5-27-, 1917. (Address) Forrest & Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	May 28 1917.
20-UNDERTAKER	ADDRESS
John Gebhauer & Co	475 S Paca

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5617

CERTIFICATE OF DEATH.

92

REGISTERED No. C 5617

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Charles St. & W. & Oak ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie D Lunn

(Residence in Baltimore: No. Charles St. & W. & Oak St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, ... Lunam ....., 1890
(Month) (Day) (Year)

7-AGE, 27 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 070

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Flynn

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Lunn

(Address) 713 E Biddle St

MAY 27 1917 Filed ....., 191... ROBERT R. KRAUTER Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27th, 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 26 1917, to May 27 1917, that I saw h[illegible] alive on May 27 1917, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Duration ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia

Duration ..... yrs. ..... mos. 3 ds.

(Signed) Warren Bruehl M. D.

May 27, 1917 (Address) 806 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, May 29, 1917.

20-UNDERTAKER M Fahey & Sons — ADDRESS 106 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5618

D 5618

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Fawnhattan av ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stella B Whitr

(Residence in Baltimore: No. 3501 Pawnhattan av St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	White	Single

6-DATE OF BIRTH, May 4, 1851
(Month) (Day) (Year)

7-AGE, 66 yrs. 0 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Tenn

PARENTS.

10-NAME OF FATHER, George D. Whitr

11-BIRTHPLACE OF FATHER (State or Country), Yarmouth

12-MAIDEN NAME OF MOTHER Louann D. Rud

13-BIRTHPLACE OF MOTHER (State or Country), Vermont

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A A Whitr

(Address) 3501 Pawnhattan av

15- Filed MAY 27 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to May 24 1917, that I saw h.. alive on May 24 1917, and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

..... (Duration).....yrs.....mos. 24 ds.

CONTRIBUTORY (Secondary) & Chronic Nephritis

..... (Duration) 10 yrs.....mos.....ds.

(Signed) M. B. Thomas M. D.

May 26th, 1917 (Address) 1017 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lorraine Cem	May 27, 1917.
20-UNDERTAKER	ADDRESS
W Edmondson & Sons	Canton

Dr. M. B Thomas 1007 Calvert St

A.B.C.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5619

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5619

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Barnes ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Kirch.

(Residence in Baltimore: No. 1617 Barnes st. St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Wharf

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Johanna Landa

(Address) 946 August St

15-Filed MAY 27 1917, 191 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 23 1917, to May 25 1917, that I saw him alive on May 24 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

a Hepatitis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 1 ds.

(Signed) Wallis W. Hutt M. D.

May 27, 1917. (Address) 1101 Bloom

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery DATE OF BURIAL, May 27, 1917.

20-UNDERTAKER Christian Miller ADDRESS 7334 Jefferson St

Ans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 5620

D 5620

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1719 Poplar Grove St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Hoffman

(Residence in Baltimore: No. 1719 Poplar Grove St.; 27 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. ....., 1890
(Month) (Day) (Year)

7-AGE. 27 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer): Bell

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. Jos Hoffman

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Ella McKenna

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Hoffman

(Address) 1719 Poplar Grove

15- MAY 27 1917 ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15 1917, to May 24 1917, that I saw her alive on May 23 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Emil Novak M. D.

May 27, 1917. (Address) 26 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, ..., 191..
Loudon Park	May 27 1917
20-UNDERTAKER	ADDRESS
Jos F Schnepfenhorst	1911 E Pratt

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

D 5621 — 74 — D 5621

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 743 W. Saratoga ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Verena Dalfonzo

(Residence in Baltimore: No. 743 W. Saratoga St.; 75 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, — (Month) — (Day) 1868 (Year)

7-AGE, 49 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tony Dalfonzo

(Address) 743 W. Saratoga St

15- Filed MAY 27 1917 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1915, to May 26, 1917, that I saw her alive on May 26, 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 20 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) David Franchini M. D.

5/27/, 1917 (Address) 172 W Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park | DATE OF BURIAL, May 28 1917

20-UNDERTAKER Wm. J. Hahn & Sons | ADDRESS 36 E. Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5622

CERTIFICATE OF DEATH.

53 D 5622

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 E. Preston ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Dolan

(Residence in Baltimore: No. 2014 E. Preston St.; 70 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, ... Jan. 1st, 1847.
(Month) (Day) (Year)

7-AGE, 70 yrs. 4 mos. 23 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), Ont.

PARENTS.

10-NAME OF FATHER. Mc Donald

11-BIRTHPLACE OF FATHER (State or Country), Ire.

12-MAIDEN NAME OF MOTHER dont know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Mary Dolan.....

(Address)..2014 E. Preston St.

15- MAY 27 1917 ROBERT R. KRAUTER
Filed ..... 191.....
Burial Permit Granted

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1917, to May 24 1917, that I saw her alive on May 22 1917, and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Chronic Gastro Enteritis

..... (Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Leukaemia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D P Kerr M. D.

May 25., 191.7 (Address) 1385 N Patterson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Balto. DATE OF BURIAL, May 28., 191.7

20-UNDERTAKER J A Moran ADDRESS 300 E. Baltimore St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

D 5623

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 S. Chester ST.; W WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Kling

(Residence in Baltimore: No. 410 S. Chester St. St.; 55 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... Feb. (Month) 8 (Day), 1845 (Year)

7-AGE, 72 yrs. 3 mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Brennan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Anthony

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) May Kling

(Address) 410 S. Chester St.

15- MAY 27 1917, 191..... ROBERT R. KRAUTER Registrar.

Burial Permit (Clerk)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) — 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from on 5-25 191 7, to — 191 7, that I saw her alive on ..... 191 ..., and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemiplegy
(Basal Infarct)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) J. E. Blake M. D.

5-26-, 191 7 (Address) 111 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Kunkel Odd Fellows

DATE OF BURIAL, May 28, 191 7

20-UNDERTAKER J. C. Doran

ADDRESS 3000 E. Baltimore

(Orig)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 ✓

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1159 Hard St. WARD) 21

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME George M Carson

(Residence in Baltimore: No. 1159 Hard St

St.; 83 yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, May 19, 1834 (Month) (Day) (Year)

7-AGE, 83 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Glass worker

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, David Carson

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Un Known

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank S Carson

(Address) 1159 Hard St

15- MAY 28 1917 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1917, to May 24 1917, that I saw h[illegible] alive on May 23 1917, and that death occurred, on the date stated above, at 10.45 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

May 24 191 7 (Address) 1129 Eutaw Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, May 27, 191 7

20-UNDERTAKER Joseph B Cook — ADDRESS 1003 W Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 5625

CERTIFICATE OF DEATH.

92

D 5625

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE: (No. 904 Trinity ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosario Valenti.

(Residence in Baltimore: No. 904 Trinity St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED, (*Write* the word.)
M	W	S.

6-DATE OF BIRTH, March 12th, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 12 ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....None....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Vincent Valenti.

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Annie Mandella

13-BIRTHPLACE OF MOTHER (State or Country), Italy —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Valenti

(Address) 904 S. Trinity St.

15- MAY 28 1917 HARRY C. ANDREWS
Filed ....., 191.... Vital Statistics Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5-25-, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-23 1917, to 5-25 1917, that I saw h[illegible] alive on 5-25 1917, and that death occurred, on the date stated above, at 3:40 m.

The CAUSE OF DEATH* was as follows:

.....Lobar Pneumonia.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) .....M. D.

5-25-, 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem.	May 28, 1917.
20-UNDERTAKER	**ADDRESS**
Lilly & Zeiler	403 S. Wolfe

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 5626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 ✓

D 5626

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 Linden Ave. ST. 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Louisa Kemp

(Residence in Baltimore: No. 1632 Linden Ave. St.; 81 yrs., 11 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, June 7, 1835 (Month) (Day) 1 (Year)

7-AGE, 81 yrs. 11 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Ezekiel Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Julia

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James W. Kemp

(Address) 1632 Linden Ave

15- Filed MAY 28 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1917, to May 25 1917, that I saw her alive on May 25 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach & exhaustion

Previous Carcinoma

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Senile infirmities

(Duration) yrs. About 10 mos. ds.

(Signed) Edward C. Dorsey M. D.

May 26, 1917. (Address) 5 E. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, May 27, 1917

20-UNDERTAKER Henry W. Meyer Estate

ADDRESS 805 N. Calvert St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5627 ✓ D 5627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 S. Paca ST.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Koehler

(Residence in Baltimore: No. 503 S. Paca St.; 67 yrs., 3 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Feb. 21, 1850
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
67 yrs. 3 mos. 4 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, George Fries

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Friedericka Sleuer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Koehler

(Address) 503 S. Paca St.

15- MAY 28 1917 EARLY C. ANDREWS

Filed....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1917, to May 25 1917, that I saw her alive on May 25 1917, and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

a. Colon

b. Pneumonia

c.

(Duration)....yrs....mos....7....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Francis A. Carhuber M. D.

May 26, 1917. (Address) 2101 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem.	May 28, 1917
20-UNDERTAKER	ADDRESS
E. Schuloman & Son	1039 Hanover St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 ✓ D 5628

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Harford ave St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Braun

(Residence in Baltimore: No. 817 Harford ave St.; — yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 51 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wesley Jackson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rebecca Cole

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Smith

(Address) 817 Harford Ave

15- Filed MAY 28 1917, 191 HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1917, to May 25 1917, that I saw her alive on May 25 1917, and that death occurred, on the date stated above, at 7.20 a m.

The CAUSE OF DEATH* was as follows:

High Blood Pressure
Apoplexy
(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) High Blood of Kidneys
(Duration) yrs. mos. 5 ds.

(Signed) Dr. G. W. Kennard M. D.

May 25, 1917. (Address) 708 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sauerd Cemetery — DATE OF BURIAL, May 28, 1917.

20-UNDERTAKER Charles B Jones — ADDRESS 235 N Pine St

Spec.—8-24-14—M. & T.—2000 Bks.

D 5629

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5629

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Russell ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Dellman

(Residence in Baltimore: No. 1212 Russell st St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, October 4th (Month) (Day) 1859 (Year)

7-AGE, 58 yrs. 7 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Candy
(b) General nature of industry, business, or establishment in which employed (or employer): Jobber

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm. R. Dellman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Franzike Bauer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry C Dellman

(Address) 611 Warner st

15- MAY 28 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 16 1917, to May 26 1917, that I saw him alive on May 26 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Carcinoma Stomach

(Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Gastritis

(Duration) yrs. 2 mos. ds.

(Signed) H. H. Hammond M. D.

May 28, 191. (Address) 835 E. Lt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	May 29 1917
20-UNDERTAKER	ADDRESS
W. J. Tucker & Son	North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B 5630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 B 5630

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 N. Patterson Park ave WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George. L Giel

(Residence in Baltimore: No. 1700 N. Patterson Park ave St.; 60 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known (Month) ....., 1 (Day) ..... (Year)

7-AGE, 68 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION: (a) Trade, profession, or particular kind of work, Retired Brewer (b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Conrad Giel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Barbara Giel

(Address) 1700 N. Patterson Park Ave

15-

Filed MAY 28 1917 191..... HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25 (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Feb 25 191[illegible], to May 24 191[illegible], that I saw h[illegible] alive on May 25 191[illegible], and that death occurred, on the date stated above, at 6 05 9 m.

The CAUSE OF DEATH* was as follows:

Cirrhosis

(Duration) Several yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm J Watson M. D.

May [illegible] 191[illegible] (Address) 2120 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery DATE OF BURIAL, May 29, 191[illegible]

20-UNDERTAKER Henry Horn Sons ADDRESS 1301 E Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56 ✓

D 5631

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. City Jail ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Widerman

(Residence in Baltimore: No. 1523 Gold St.; yrs. 27 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 7 (Day), 1890 (Year)

7-AGE, 27 yrs. — mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Bartender

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Walter E. Widerman

11-BIRTHPLACE OF FATHER (State or Country), Balto Co.

12-MAIDEN NAME OF MOTHER Francis Rue Lant

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. W. Widerman

(Address) 206 Maryland Ave

15- Filed MAY 28 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. J. Riley (Coroner.) M. D.

May 26, 1917. (Address) 1639 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, London Park Cem — DATE OF BURIAL, May 28, 1917

20-UNDERTAKER Joseph B. Cook — ADDRESS 1003 W Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 5632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 5632

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 3843 Falls Road ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Alfred H. Wheeler

(Residence in Baltimore: No. 3843 Falls Road St.; yrs. 50 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, [illegible] 2 [illegible], 18..... (Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work Mill — (b) General nature of industry, business, or establishment in which employed (or employer) worker

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, B. H. Wheeler

11-BIRTHPLACE OF FATHER (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Laura Long

13-BIRTHPLACE OF MOTHER (State or Country) Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Wheeler

(Address) 1946 Hollins st

15- Filed MAY 28 1917 Burial Permit Issued HARRY C. ANDREWS Registrar. Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John H. Harris M. D. (Coroner.)

May 28, 1917 (Address) 1536 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, May 28, 1917

20-UNDERTAKER, Joseph R. Cook — ADDRESS 1003 W. Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 5633

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

D 5633

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1947 W Franklin St. 20 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John T. Knapp

(Residence in Baltimore: No. 1947 W Franklin St.: 63 yrs. 9 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: August 6, 1853 (Month) (Day) (Year)

7 AGE: 63 yrs. 9 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Upholsterer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Paul Knapp

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary A. Thomas

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. C. J. Knapp

(Address) 1947 W. Franklin St

15 MAY 28 1917, 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 27 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 26, 1917, to May 27 1917, that I saw h[illegible] alive on May 27, 1917, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) I. Bing. Ray Belcher M. D.

5/27, 1917. (Address) 1041 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Harrisburg Pa

DATE OF BURIAL: May 29, 1917

20 UNDERTAKER: Jacob D Cook

ADDRESS: 1003 Balto St.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5631

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

67

D 5631

REGISTERED No. C .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1946 E Lexington St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Martha E Hettel

(Residence in Baltimore: No. 1946 E Lexington St. 64 yrs. 6 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Nov. 23, 1852 (Month) (Day) (Year)

7 AGE: 64 yrs. 6 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired School teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Wife Dentist.

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Carl Hettel

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Magdalena Biel

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Catherine E Hettel
(Address) 1946 W. Lexington St

15. Filed MAY 28 1917 HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 26th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 19th 1916 to May 26th 1917.
that I saw h[illegible]ive on May 10th 1917
and that death occurred, on the date stated above, at 10 45 m.
The CAUSE OF DEATH* was as follows:

Multiple Neuritis

(Duration) One yrs. mos. ds

Contributory (SECONDARY) Paralysis

(Duration) yrs. mos. ds.

(Signed) J. D. Boyer M. D.

May 27th 1917 (Address) 1501 E. Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: May 29, 1917

20 UNDERTAKER: Joseph Cook ADDRESS: 103 W Baltimore St

Spec.—8-24-14—M. & T.—3000 Blks.

D 5635

HEALTH DEPARTMENT—CITY OF BALTIMORE

113

CERTIFICATE OF DEATH.

D 5635

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Leadenhall St.; 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Varth.

(Residence in Baltimore: No. 1108 Leadenhall St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, September 14th 1844
(Month) (Day) (Year)

7-AGE, 72 yrs. 8 mos. 11 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Lingner

(Address) 1108 Leadenhall St

15. MAY 28 1917 HARRY C. ANDREWS

Filed....., 191.. Burial Permit Clerk.
Registrar.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to May 27th, 1917 that I saw h[illegible] alive on May 27th 1917 and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Congestion of the Lungs

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Margaret Wall M. D.

5.26, 1917. (Address) 810 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer

DATE OF BURIAL. May 30th, 1917.

20-UNDERTAKER E and B Hale

ADDRESS 115 E Mosher St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5636

CERTIFICATE OF DEATH.

92 ✓ D 5636

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Bevan St ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C Ross

(Residence in Baltimore: No. 923 Bevan St. St.; 49 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not Known (Month) (Day), 1857 (Year)

7-AGE, 60 yrs. — mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). at Cemetery

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Ross

(Address) 923 Bevan St

15-

Filed MAY 28 1917, 191..... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24 1917, to May 26 1917, that I saw him alive on May 24 1917, and that death occurred, on the date stated above, at 4.20 P.M.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. J. Brandt M. D.

May 26th, 191.. (Address) 2 E Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Holy Cross RR Co — DATE OF BURIAL, May 29.., 191.7.

20-UNDERTAKER E & B Hasle — ADDRESS 115 E Lexington

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5637 ✓45 D 5637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Schwartzen

(Residence in Baltimore: No. 24 days in Hospital St.; .....yrs. .....mos. .....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, March 25, 1870
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
47 yrs. 2 mos. — ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment, in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Louis Bass

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ger.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Smith

(Address) Johns Hopkins Hospital

15- MAY 28 1917 HARRY C. ANDREWS
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1917, to May 25 1917, that I saw h.. alive on May 25 1917, and that death occurred, on the date stated above, at 5 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of thyroid gland

(Duration)....yrs. 6 mos.....ds.

CONTRIBUTORY (Secondary) Cardiac decompensation (Angina Pectoris)

(Duration)....yrs.....mos.....ds.

(Signed) W E Sandy M. D.

May 25, 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 25 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Cordova Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn County	May 28, 1917.
20-UNDERTAKER	ADDRESS
Hilbert E Fuller	221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 5623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5633

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.; ..... WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav Lawson.

(Residence in Baltimore: No. ~~Ellicott City~~ In Hospital St.; — yrs., — mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, ... Mar. (Month) 31 (Day), 1907 (Year).

7-AGE, 10 yrs. 1 mos. 14 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... School Boy.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Robert Lawson

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER J. Jay

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp Data

(Address) Green & Lombard st.

15- Filed MAY 28 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 25 (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from May 15 1917, to May 25 1917, that I saw h im alive on May 25 1917, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Osteitis of Jaw and Cervicle Adenitis

..... (Duration) unknown

CONTRIBUTORY (Secondary) Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) C. A. Reifschneider M. D.

5/25, 191.7 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 10 ds. In the State 10 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Ellicott City.

Former or usual residence Ellicott City.

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cem. DATE OF BURIAL, May 28, 191.7

20-UNDERTAKER Balto Co Md ADDRESS Easton Sons. Ellicott City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓ D 5639

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1033 Wagon alley ST.: 18 WARD)

2-FULL NAME Henry Norford

(Residence in Baltimore: No. 1033 Wagon alley St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, Dec 24, 1886
(Month) (Day) (Year)

7-AGE, 30 yrs. 5 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): White washer

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Norford

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lelia Newton

(Address) 1033 Wagon alley

15- MAY 28 1917, 191.... HARRY C. ANDREWS
Filed Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) ....yrs. ....mos. 1 ds.

(Signed) James M Kenton M. D.
(Coroner.)

May 27 191 7 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mount Auburn cem	May 29 1917
20-UNDERTAKER	ADDRESS
John Hernon & Son	901 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5610 D 5610

CERTIFICATE OF DEATH.

+109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Thomas

(Residence in Baltimore: No. Mercy Hospital St.; — yrs., — mos. — 2 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Not Known, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 44 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, William Dymond

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mandy Gardner

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp.

(Address) Calvert St.

15- MAY 28 1917 HARRY C. ANDREWS

Filed....., 191..... Vital Statistics Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 1917, to May 26 1917, that I saw her alive on May 26 1917, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

1st Strangulated Hernia

2d .....

3d .....

(Duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Arvo H. Smith M. D.

May 26 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State Do not know yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Patapsco Neck, Md

Former or usual residence Patapsco Neck, Md

19-PLACE OF BURIAL OR REMOVAL, Asbury — DATE OF BURIAL, May 29 1917.

20-UNDERTAKER John W Henderson — ADDRESS 317 N Caroline

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5611 — 120 — D 5611

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH 919 Druid Hill

CITY OF BALTIMORE (No. 919 ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna W. Cumm

(Residence in Baltimore: No. 919 Druid Hill St.; yrs., Life mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... October ....., 1867
(Month) (Day) (Year)

7-AGE, 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Waiter
(b) General nature of industry, business, or establishment in which employed (or employer).....

PARENTS.

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Cumm

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Brown

(Address) 919 Druid Hill

15- Filed MAY 28 1917, 191..... HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

a Chronic Nephritis 10 yrs.

b .....

c .....

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY Unknown
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. W. Williams M. D.
(Coroner.)

May 27, 1917. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 2 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, May 29, 1917

20-UNDERTAKER Jno. A. Bishop — ADDRESS 1107 Ottes Av

Spec.—8-24-14—M. & T.—2000 Bks.

D 5642

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5643

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 17 WARD)

REGISTERED No. C 130

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Page

(Residence in Baltimore: No. 804 W. Franklin St. St.; — yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept (Month) 26 (Day), 1878 (Year)

7-AGE, 38 yrs. 9 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Edmond Hackett

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. Phelps

(Address) John Hopkins Hosp

15- Filed MAY 28 1917 191.... HARRY O. ANDREWS Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 7 191 7, to May 27 191 7, that I saw h[illegible] alive on May 27 191 7, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia Constitutional following abdominal operation

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Uraemia (Non-puerperal)

(Duration) yrs. mos. 4 ds.

(Signed) H. W. Reid M. D.

May 27, 1917 (Address) John Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

20 —

Where was disease contracted, if not at place of death? —

Former or usual residence 804 W. Franklin St

19-PLACE OF BURIAL OR REMOVAL, Kingsville Westmoreland Co Va

DATE OF BURIAL, May 28, 1917

20-UNDERTAKER John H Owens

ADDRESS 538 Dolphin St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5643 ✓ D 5643

CERTIFICATE OF DEATH.

28

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 Rutland Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie Watson

(Residence in Baltimore: No. 904 Rutland Ave St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 23, 1895
(Month) (Day) (Year)

7-AGE, 22 yrs. 2 mos. 3 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Watson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Millie Gray

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Millie Watson

(Address) 904 Rutland Ave

15- Filed MAY 28 1917 191.... HARRY S. ANDREWS MAY 28 1917 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1917, to May 26 1917, that I saw her alive on May 25 1917, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) ..... M. D.

5/26/17, 191.. (Address) 152 W Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem — DATE OF BURIAL, May 28 191.7

20-UNDERTAKER, Sam'l H. Chase & Son — ADDRESS 1400 Mosher

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5641

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5641

CERTIFICATE OF DEATH.

30

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 N. Lombard ST.: 19th WARD) — REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina H. Janey Hill

(Residence in Baltimore: No. 1303 N. Lombard St.: 44 yrs., 10 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH, July 17th, 1872 (Month) (Day) (Year)

7-AGE, 44 yrs. 10 mos. 10 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Georges

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Janey Hill (Husband)

(Address) 1303 N. Lombard Street

15- Filed MAY 28 1917 KARRY C. ANDREWS Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1917, to May 27 1917, that I (saw her) alive on May 27 1917, and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Meningitis Tuberculous

(Duration) X yrs. X mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) M. A. Bell M. D.

May 27, 1917 (Address) 66 W. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 5 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, May 30, 1917

20-UNDERTAKER William Cook — ADDRESS 502 E. Northern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 5645

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Inman

(Residence in Baltimore: No. 423 St Marys St ST.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, February 15, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 3 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Albert Inman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Kane

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

15- Filed MAY 28 1917 HARRY O. ANDREWS 191.....
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22 1917, to May 27 1917, that I saw h[illegible] alive on May 27 1917, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, acute

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry B. Conrad M. D.

May 28, 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 423 St Marys St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	May 30, 1917
20-UNDERTAKER L F Walker	ADDRESS 723 Lafayette Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 5646

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1753 Mulberry ST.) 6 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dilsie alias (Water)

(Residence in Baltimore: No. 1753 Mulberry St.; yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Sing

6-DATE OF BIRTH, April 3, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work: Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Geo Silas

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Luther Walker,

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luther Walker

(Address) 1753 Mulberry

15- MAY 23 1917

Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) 4w yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Thos Foster M. D.
(Coroner.)

May 22, 191. (Address) 1753 Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Auburn Cem. DATE OF BURIAL, May 24, 1917

20-UNDERTAKER Harry A Vodery ADDRESS 1724 Orleans st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5647

CERTIFICATE OF DEATH.

91 D 5647

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 Harris Alley ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helena Kordek

(Residence in Baltimore: No. 937 Harris Alley St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. 9, 1917.
(Month) (Day) (Year)

7-AGE, 3 yrs. 10 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Kordek

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rosalia Kozlowska

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Kordek

(Address) 937 Harris Alley

15- Filed MAY 28 1917 191.... ROBERT B. KRAUTH Registrar

Burial Permit 37534

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 25 1917 to May 26 1917, that I saw ... alive on May 26 1917, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

(a) Broncho Pneumonia

(Contributory) ..... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) W. J. Kenny M. D.

May 28, 191... (Address) 2108 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Cem. DATE OF BURIAL, May 28, 1917

20-UNDERTAKER Stephen J. Radkowski ADDRESS 1019 Aliceanna St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 5648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

D 5648

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 W West St.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Robinson

(Residence in Baltimore: No. 526 W West St.; ....yrs.,....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, ... June (Month) 23 (Day) 1870 (Year)

7-AGE, 46 yrs. 11 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steward
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Beeto Md

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lee Brown

(Address) 526 W. West St

15- MAY 28 1917 ROBERT R. KRAUTH Registrar

Filed ..... 191.. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 27 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25 191.., to May 27 191.., that I saw h.. alive on May 25 191.., and that death occurred, on the date stated above, at 2.35 p.m.

The CAUSE OF DEATH* was as follows:

Pthisis Pul.

..... (Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) John S Johnson M. D.

May 27, 191.. (Address) 1130 W Fay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Ct — DATE OF BURIAL, May 29, 1917

20-UNDERTAKER L. H. Brown & Son — ADDRESS 101 N. Monty

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5649

CERTIFICATE OF DEATH.

D 5649

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph's Hosp ST.; 8 WARD)

REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Pittinger

(Residence in Baltimore: No. 1633 Lansing Ave St.; 28 yrs., 1 mos. 16 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 10th, 1889 (Month) (Day) (Year)

7-AGE, 28 yrs. 1 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Drug Store
(b) General nature of industry, business, or establishment in which employed (or employer): Employe

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Richard D. Pittinger

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary E. Garrett

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard D. Pittinger

(Address) 1408 N. Central Ave.

15-MAY 28 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1917. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 22 1917, to May 26 1917, that I saw h.m alive on May 26 1917, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Hypertrophic Cordities

(Duration) Last Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonar oedema

(Duration) yrs. mos. 2 ds.

(Signed) W. F. Engle M. D.

5/26, 191.7 (Address) St. Jos. Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Don't Know

Former or usual residence 1633 Lansing Ave

19-PLACE OF BURIAL OR REMOVAL, Catterdera — DATE OF BURIAL, May 29, 191.7

20-UNDERTAKER Lilly & Zeiler — ADDRESS 403 W Lfs 1

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5650

CERTIFICATE OF DEATH.

120 D 5650

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. St.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Becker

(Residence in Baltimore: No. 229 S. Stricker St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., (Month) ....., (Day) 1849 (Year)

7-AGE, 68 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Brun

(Address) 229 Stricker

15. Filed MAY 28 1917, 191... ROBERT B. KRAUSE Registrar.

Burial Permit: Clark

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20 1917, to May 27 1917, that I saw h.. alive on May 27 1917, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Arthritis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Harry L. Bray M. D.

4-27, 191 7. (Address) 24 W. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence Ravine Glen, Co Md.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, May 29th, 1917.

20-UNDERTAKER Wm B Crothers ADDRESS 2 N Fulton Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 5651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 5651

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 S. Ann ST.; 2 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aniela Baran

(Residence in Baltimore: No. 618 S. Ann St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widows

6-DATE OF BIRTH, ... (Month) Not Known (Day) ..... (Year) 1863

7-AGE 48 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Galicia Austria

PARENTS.

10-NAME OF FATHER, Frank Baran

11-BIRTHPLACE OF FATHER (State or Country), Austria Galicia

12-MAIDEN NAME OF MOTHER Apolonia Szelka

13-BIRTHPLACE OF MOTHER (State or Country), Austria Galicia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ludwik Baran

(Address) 618 S. Ann St.

15-Filed MAY 28 1917 ROBERT R. KRAUTER 191.....
Registrar.

Burial Permit Clear

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26th (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1916, to May 25th 1917, that I saw her alive on May 25th 1917, and that death occurred, on the date stated above, at 8:30 A.M.

The CAUSE OF DEATH* was as follows:

Cancer of the Stomach

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. Paul Swinehart M. D.

May 26, 1917. (Address) 221 S. Broadway

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 8 yrs. ..... mos. ..... ds. In the State 10 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 618 S. Ann St.

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, May 29, 1917.

20-UNDERTAKER William Fiaschetti ADDRESS 1618 Eastern

N. B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5652

CERTIFICATE OF DEATH.

1320

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1024 Lamont Ave. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Carlide (Carlile)

(Residence in Baltimore: No. 1024 Lamont Ave 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1859 (Year)

7-AGE, 58 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Louis Nevalder

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Bennett

(Address) 1024 Lamont Ave

15- MAY 28 1917 Filed....., 191.....

ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27 191.., to May 27 1917, that I saw her alive on May 27 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(Duration) yrs. mos. 1 ds.

(Signed) Wm Herbert M. D.

May 27 1917 (Address) 1007 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	May 29 1917
20-UNDERTAKER Henry Lutz	ADDRESS 1007 N. Bond st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5653

HEALTH DEPARTMENT--CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

79 D 5653

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1926 E Lanvale ST. 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Alexander

(Residence in Baltimore: No. 1926 E Lanvale St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Aug (Month) 5 (Day), 1855 (Year)

7-AGE: 61 yrs. 9 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Express Manager
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John Alexander

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Matilda Jackson

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Alexander

(Address) 1926 E Lanvale St

15. Filed MAY 28 1917 ROBERT R. KRAUTER REGISTRAR

Burial Permit Used

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 27 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1917, to May 27 1917, that I saw h[illegible] alive on May 26, 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis

(Duration) 4 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Acute Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Standish McAllister M. D.

May 28, 1917 (Address) 1609 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Tabor Cemetery	May 30, 1917
20-UNDERTAKER Stafford Co. md	ADDRESS
Henry Lutz	1007 N. Bo[illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5651 ✓ +120 D 5651

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J. Dolaekmutt

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Sept 2, 1878
(Month) (Day) (Year)

7-AGE, 38 yrs. 8 mos. 26 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edward R. Dolaekmutt

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ida Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15 MAY 28 1917 ROBERT B. KRAUTER
Filed....., 191.... Burial Permit Register.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 7 1917, to May 28 1917, that I saw him alive on May 28 1917 and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) One yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward J. Smith M. D.

May 28, 1917 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 21 ds. In the State 16 yrs. 6 mos. ds.

Where was disease contracted, if not at place of death? Frederick Md.

Former or usual residence Frederick Md.

19-PLACE OF BURIAL OR REMOVAL, Frederick Md. DATE OF BURIAL, May 28, 1917.

20-UNDERTAKER H. E. Hughes ADDRESS 17 S Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 6655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 6655

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 439 W. Henrietta St. St. 17 Ward)

2-FULL NAME Henry Thomas.(C)

(Residence in Baltimore: No. 439 W. Henrietta St.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower.

6-DATE OF BIRTH Do not know. (Month) (Day) , 1 (Year)

7-AGE, 57 yrs. mos. ds.

If LESS than 1 day, hrs. or mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer in
(b) General nature of industry, business, or establishment in which employed (or employer). Brick yard.

9-BIRTHPLACE, (State or Country), A.A.Co.Md.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country) Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Wilson.(C)

(Address) 439 W. Henrietta St.

15-MAY 28 1917 ROBERT R. KRAUTER

Filed , 191 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27th. 1917. (Month) (Day) , 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner.) M. D.

May. 28, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, May 29, 1917

20-UNDERTAKER John H. Toadvin ADDRESS 142 N. Hall St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5656 64 D 5656

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 Madison Ave St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel L. Goodman

(Residence in Baltimore: No. 2023 Madison Ave St.; 27 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 64 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Simon Sachs

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Anna Cohen

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. Weinberg

(Address) 2023 Madison St.

15- MAY 28 1917 ROBERT R. KRAUTER
Filed....., 191.... Registrar.

Burial Permit Work

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1, 1917, to May 26 1917, that I saw her alive on May 26 1917, and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ? yrs. ..... mos. ..... ds.

(Signed) Robert J. Green M. D.

May 27, 1917. (Address) 120½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 2023 Madison Ave

19-PLACE OF BURIAL OR REMOVAL, Pikesville Hebrew Cem. DATE OF BURIAL, May 29, 1917.

20-UNDERTAKER H. Sussman & Bro ADDRESS 1107 E Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Mary Johnson

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5657 — 10,28 — 1109 — 105 — D 5657

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 Forest av ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Johnson

(Residence in Baltimore: No. 715 Forest av St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colord

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, ..., 1904
(Month) (Day) (Year)

7-AGE, 13 yrs. ....mos. ....da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer): School Girl

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John James

11-BIRTHPLACE OF FATHER (State or Country), Born in Md

12-MAIDEN NAME OF MOTHER Rosie James

13-BIRTHPLACE OF MOTHER (State or Country), Born in Balt-Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H William Johnson

(Address) 715 Forest av

15-

Filed MAY 28 1917 for ROBERT B. KRAUTER Registrar of Burial Permits

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 1917, to May 26 1917, that I saw h.. alive on May 26 1917, and that death occurred, on the date stated above, at 11.15 a m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

Weeks Hours

(Duration) ....yrs. ....mos. 4 ....da.

CONTRIBUTORY (Secondary) Indigestion

(Duration) ....yrs. ....mos. 4 ....da.

(Signed) H. W. Kessmann M. D.

May 27, 191... (Address) 715 Forest av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laural Cemetary

DATE OF BURIAL, May 29, 1917.

20-UNDERTAKER Mrs Robert A Elliott

ADDRESS 506 East

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 3658

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3658

CERTIFICATE OF DEATH.

100

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 421 N. Gilmore ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Tyler

(Residence in Baltimore: No. 421 N Gilmore St.; ....yrs. 1 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, — — 1878
(Month) (Day) (Year)

7-AGE, 39 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook 021
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Tyler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Christiana Scott

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Anderson

(Address) 421 N. Gilmore St

15. Filed MAY 29 1917, 191.... HARRY O. ANDREWS Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May — 27, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20 1917, to May 26 1917, that I saw her alive on May 26 1917, and that death occurred, on the date stated above, at 10.40 a m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Ulcerative Tonsillitis

(Duration) ....yrs. 2 mos. 14 ds.

(Signed) [illegible] Hughes M. D.

May 28, 191.7 (Address) 413 S. Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Camp Carroll | DATE OF BURIAL, May 29 191.7

20-UNDERTAKER, Samuel Hemsley | ADDRESS 578 Bolton St

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH PEN AND BLACK OR BLUE-BLACK INDELIBLE INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

D 5659

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 4104 Liberty Heights Ave St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2. FULL NAME Madeline Buchheit

(Residence in Baltimore: No. 4104 Liberty Heights Ave St.; 19 yrs. 3 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: Feb 21, 1898 (Month) (Day) (Year)

7. AGE: 19 yrs. 3 mos. 4 ds. If LESS than 1 day, — hrs. or — min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9. BIRTHPLACE (State or country): Baltimore Md

PARENTS

10. NAME OF FATHER: Eugene Buchheit

11. BIRTHPLACE OF FATHER (State or country): Baltimore Md

12. MAIDEN NAME OF MOTHER: Minnie L. Kidwell

13. BIRTHPLACE OF MOTHER (State or country): Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eugene Buchheit

(Address) 4104 Liberty Heights Ave

15. MAY 29 1917 191 HARRY C. ANDREWS Clerk

Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May 26, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1916 to May 26 1917, that I saw her alive on May 26 1917, and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis Tuberculosis.
(Morbid State) (Duration) 1 yrs. mos. ds

Contributory (Secondary) Exhaustion (Duration) — yrs. — mos. 10 ds.

(Signed) H. C. Houck M. D. M. D.

May 28. 1917 (Address) 1939 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Bolt Cemetery — DATE OF BURIAL: May 29, 1917

20. UNDERTAKER: E. J. Fanning — ADDRESS: 1951 E. Lafayette

Spec.—8-24-14—M. & T.—2000 lbs.

D 5660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 5660

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 Vine St ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Walter Moore

(Residence in Baltimore: No. 802 Vine St ST.; ..... yrs., 7 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Blk	Single

6-DATE OF BIRTH, ... May (Month) 14 (Day), 1903 (Year)

7-AGE, 14 yrs. — mos. 13 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Northumberland Co Va

PARENTS.

10-NAME OF FATHER, Wm H Moore

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Indiana Shaw

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H Moore

(Address) 802 Vine st

15- Filed MAY 29 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25th 1917, to May 27 1917, that I saw h alive on May 27th 1917, and that death occurred, on the date stated above, at 1140 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(Duration) ....yrs. 1 mos. 12 ds.

(Signed) Gustav Goldman M. D.

5/27, 191.7 (Address) 656 W Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, May 29 191.7

20-UNDERTAKER Jno H Holland ADDRESS 631 Druid Hill Ave

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 ✓ D 5661

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Harlem ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Van Dyke

(Residence in Baltimore: No. 1706 Harlem Ave St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... July (Month) 2 (Day), 1841 (Year)

7-AGE, 75 yrs. 10 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 837

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Benj. Sharon

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliz. Harris

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ephraim B. Van Dyke

(Address) 1706 Harlem Ave.

15- Filed MAY 29 1917, 191.... HARRY C. ANDREWS Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 1916, to May 28 1917, that I saw h[illegible] alive on May 27 1917, and that death occurred, on the date stated above, at 3.25 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

..... (Duration) 10 yrs. + mos. ..... ds.

CONTRIBUTORY (Secondary) Chr. Intest. Nephritis

..... (Duration) 10 yrs. + mos. ..... ds.

(Signed) Doctor P. Stubbs M. D.

May 29, 1917 (Address) 1706 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Centreville Md. DATE OF BURIAL. May 30 1917

20-UNDERTAKER John O. Mitchell ADDRESS Bost W. Fayette St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5662

CERTIFICATE OF DEATH.

D 5662

REGISTERED No. C 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Baker ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Henson

(Residence in Baltimore: No. 614 Baker St.; Life time yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Aug 20, 1897 (Month) (Day) (Year)

7-AGE, 19 yrs. 9 mos. 7 ds. If LESS than 1 day, hrs. or min.? 000

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Former inmate
(b) General nature of industry, business, or establishment in which employed (or employer): Cheltenham

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Henson

11-BIRTHPLACE OF FATHER (State or Country), York Pa

12-MAIDEN NAME OF MOTHER Martha Talbott

13-BIRTHPLACE OF MOTHER (State or Country), West River Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Henson

(Address) 614 Baker st

15- Filed MAY 29 1917, 191... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1917, to May 27 1917, that I saw h... alive on May 25 1917, and that death occurred, on the date stated above, at 7.X6 A. m.

The CAUSE OF DEATH* was as follows:

Intestinal Tuberculosis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. H. Wong M. D.

May 27, 191 7 (Address) 12 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

MAY 30 191

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery

DATE OF BURIAL, MAY 30 1917

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5663

CERTIFICATE OF DEATH.

119 D 5663

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Smith ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Martin

(Residence in Baltimore: No. 624 Smith St.; ....yrs.,....1....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Not Known (Month), ... (Day), 1876 (Year)

7-AGE, 41 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Morris

(Address) 624 Smith St.

15- Filed MAY 29 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15 1917, to May 26 1917, that I saw h[im] alive on May 25 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

..... Acute Nephritis

..... (Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

..... (Duration) ....yrs. ....mos. 3 ds.

(Signed) E. E. Williams Jr. M. D.

May 27, 191.7. (Address) 1928 Bunsa Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, May 29, 1917.

20-UNDERTAKER Charles B. Jones — ADDRESS 235 N. Pine St

N. B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 5664

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1015 Fremont St. 10 WARD)

2 FULL NAME Baby Vogle

(Residence in Baltimore: No. 1015 Fremont St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Baby

6-DATE OF BIRTH, ... May (Month) 27 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby 1 000
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Anthony Vogle

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Mayer Finks

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mayer Vogle

(Address) 1015 Fremont

15- MAY 29 1917 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

(1) ..... Premature Birth

(2) .....

(3) ..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

May 28, 1917 (Address) 1 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Mary's Town — DATE OF BURIAL, May 29, 1917

20-UNDERTAKER, C. A. Bledsfield Jr. — ADDRESS 2613 Greenmount Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5665

CERTIFICATE OF DEATH.

D 5665

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 S. Duncan ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Walter

(Residence in Baltimore: No. 229 S. Duncan St.; 40 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, April 25, 1846
(Month) (Day) (Year)

7-AGE, 71 yrs. 1 mos. ... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): Own

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Lahey

(Address) 208 S. Patterson Park Ave

15- Filed MAY 29 1917, 191... HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1917, to May 25 1917, that I saw h[illegible] alive on May 25 1917, and that death occurred, on the date stated above, at 4:50 p.m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(Duration) ... yrs. 8 mos. ... ds.

CONTRIBUTORY (Secondary) Gastric Carcinoma

(Duration) 2 yrs. 8 mos. ... ds.

(Signed) Geo. Heller M. D.

5-28, 191... (Address) 1937 Fagley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, May 29..., 191.7

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—A PERMANENT RECORD

D 5666

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓ D 5666

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3 N Rose ST. 6 WARD)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Francis Korecky

(Residence in Baltimore: No. 3 N Rose St.; yrs. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH May 28th, 1917 (Month) (Day) (Year)

7 AGE ..... yrs. ..... mos. ..... ds. If LESS than 1 day 8½ hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Md

PARENTS

10 NAME OF FATHER Frank Korecky

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Krusky

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Korecky

(Address) 3 N. Rose St

15 MAY 29 1917 19.. HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 29th, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 28th, 1917. to. May 29th 1917. that I saw him alive on May 28th, 1917. and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) yrs. mos. ds

Contributory (SECONDARY) Atelectasis

..... (Duration) 8½ hrs. yrs. mos. ds.

(Signed) Elijah J Russell M. D.

May 29 1917 (Address) 156 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL May 29, 1917

20 UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WARNING—REGISTERED FOR BINDING.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5667. 102 D 5667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: No. 1523 Harford ave St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Davidson

(Residence in Baltimore: No. 1523 Harford ave St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work, Butcher (b) General nature of industry, business, or establishment in which employed (or employer)

013

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M.E. Davidson Wife

(Address) 1523 Harford ave

15- MAY 29 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22 - 1917, to May 27 1917, that I saw him alive on May 27 - 1917, and that death occurred, on the date stated above, at 11-30a m.

The CAUSE OF DEATH* was as follows:

Peptic Ulcer -

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY. (Secondary) Internal Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) Elmer G. Hall M. D.

May 28, 191 7. (Address) 1617 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery — DATE OF BURIAL, May 29, 191 7.

20-UNDERTAKER Liston H. Fusselbaugh — ADDRESS 262 St Paul St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 3668 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

81 D 3668

REGISTERED No. C.....

CERTIFICATE OF DEATH.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 733 Forest ST.: 10 WARD)

2-FULL NAME Ann Judge

(Residence in Baltimore: No. 733 Forest St.; yrs., 55 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Unknown, 1844
(Month) (Day) (Year)

7-AGE, 73 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Philip Nelson

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ann Judge

(Address) 733 Forest

15- Filed MAY 29 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Arteriosclerosis

Some years (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. ds.

(Signed) W. T. Riley M. D.
(Coroner)

May 28, 1917. (Address) No 39 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross DATE OF BURIAL, May 30, 1917

20-UNDERTAKER H. C. Wedefeld ADDRESS 614 Greenmount Ave

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5689

CERTIFICATE OF DEATH.

120 D 5689

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4108 Belvieu Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A. Bailey

(Residence in Baltimore: No. 4108 Belvieu Ave St.; ....yrs....mos....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Apr (Month) 20 (Day) 1834 (Year)

7-AGE, 83 yrs. 1 mos. 7 ds. | If LESS than 1 day: ....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work 000
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. Fite

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Achsah Owings

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) N. N. Harrison

(Address) 4108 Belvieu Ave

15-Filed MAY 29 1917, 191.... ROBERT R. KRAUER Registrar. Burial Permit Obtained

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1917, to May 27 1917, that I saw h.. alive on May 27 1917, and that death occurred, on the date stated above, at 3 11 m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

..... (Duration) .....yrs. 4 mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Wm. T. Owings M. D.

May 29, 1917. (Address) Gamewell Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Naugh Chapel. Balt. Co.	May 29, 1917
20-UNDERTAKER	ADDRESS
Wm. T. Dickuer & Son	North Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5670

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 5670

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1033 William St. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Earl Miller

(Residence in Baltimore: No. 1033 William St.)

St.: 1 yrs. mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6. DATE OF BIRTH: May (Month) 15 (Day), 1916 (Year)

7. AGE: 1 yrs. mos. 13 ds. If LESS than 1 day, hrs. or min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Baltimore

PARENTS

10. NAME OF FATHER: John Miller

11. BIRTHPLACE OF FATHER (State or country): Balto

12. MAIDEN NAME OF MOTHER: Edna Lambert

13. BIRTHPLACE OF MOTHER (State or country): Balto

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. J. Miller

(Address) 1033 William

15. MAY 29 1917 Filed ..... 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: May (Month) 28 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 21st, 1917, to May 28th 1917, that I saw h[illegible] alive on May 28th, 1917, and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Diphtheritic Pneumonia

Contributory (SECONDARY) (Duration) yrs. mos. 7 ds

(Duration) yrs. mos. ds.

(Signed) Henry B. Coll M. D.

May 28th, 1917 (Address) 1203 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	5/30, 1917

20. UNDERTAKER J. F. McCully ADDRESS 130 E. Fay[illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5671 D 5671

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. John Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Monagan.

(Residence in Baltimore: No. 325 Shanty Shannon Pl Md .....yrs.....mos.....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Sing

6-DATE OF BIRTH, Unknown ....., 1.....
(Month) (Day) (Year)

7-AGE, 23 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shipyard
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), D. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phillips

(Address) Johns Hopkins Hosp

15- MAY 29 1917 Filed....., 191.... ROBERT B. KRAUSS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 1917, to May 21 1917, that I saw h[illegible] alive on May 21 1917, and that death occurred, on the date stated above, at 7 no m.

The CAUSE OF DEATH* was as follows:

Acute Lobar pneumonia

(Duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Dysfunction

(Duration) .....yrs. .....mos. 3 ds.

(Signed) C. H. Blackfield M. D.

May 21, 191... (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 5 ds. In the State .....yrs. —mos. .....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 325 Shanty Shannon Pl. Md

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL — DATE OF BURIAL, ...191...

20-UNDERTAKER — ADDRESS

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5672 **CERTIFICATE OF DEATH.** 15 D 5672

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 9 WARD)

2-FULL NAME Baby Holmes

(Residence in Baltimore: No. 1819 Dallas St St.; yrs., mos., ds.)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 26, 1917 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 12 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joseph Holmes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elsie Holmes

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed MAY 29 1917 191.... ROBERT R. TRAUTH Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 26 1917, to May 27 1917, that I saw h[illegible] alive on May 27 1917, and that death occurred, on the date stated above, at 3 m.

The CAUSE OF DEATH* was as follows:

Dyspnea

(Duration) ..... yrs. ..... mos. 12 hrs

CONTRIBUTORY (Secondary) Mother Eclamptic

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Ernest McGregor M. D.

May 27, 1917. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. 1 ds.

Where was disease contracted, if not at place of death? 1819 Dallas St

Former or usual residence 1819 Dallas St

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND — DATE OF BURIAL, MAY 28 1917, 191...

20-UNDERTAKER Commissioner Health. — ADDRESS

Per. Wm. E. WOODALL

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5673 CERTIFICATE OF DEATH. 92 D 5673

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1708 Comet ST.; 5 WARD)
c

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Johnson

(Residence in Baltimore: No. 1708 Comet St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) M

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 24 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). 097

9-BIRTHPLACE, (State or Country), Ga.

PARENTS.

10-NAME OF FATHER, Will Bailey

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elliott Johnson

(Address) 1708 Comet St.

15- Filed MAY 29 1917 191.....

ROBERT B. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1917, to May 27 1917, that I saw her alive on May 27 1917, and that death occurred, on the date stated above, at 12 00 a. m.

The CAUSE OF DEATH* was as follows:

Double Pneumonia
Weak Heart

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Double Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) W. G. W. Kennard M. D.

May 27, 1917. (Address) 708 Linden Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

DEPARTMENT OF MARYLAND
Commissioner Health.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5674 **CERTIFICATE OF DEATH.** 29 D 5674

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's House St.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorthy Magdalen Jones

(Residence in Baltimore: No. St. Elizabeth's House St.; 1 yrs. 0 mos. 4 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	

6-DATE OF BIRTH, May 7, 1916.
(Month) (Day) (Year)

7-AGE, 1 yrs. 0 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-
Filed MAY 29 1917 191.... ROBERT R. KRAUTZ
Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27th 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27, 1917, to May 26, 1917, that I saw h.r alive on May 26, 1917, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

General Miliary Tuberculosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edgar B. Friedenwald M. D.

May 27 191 (Address) 1116 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 0 mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health,

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5675

CERTIFICATE OF DEATH.

28 ✓ D 5675

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's Home ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Purnell

(Residence in Baltimore: No. St. Elizabeth's Home, St. Paul St.; 8 yrs., 2 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	

6-DATE OF BIRTH, Sept. 29th., 1906
(Month) (Day) (Year)

7-AGE, 10 yrs. 8 mos. 29 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-
Filed MAY 29 1917 191.....
ROBERT R. FRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27th., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2nd 1917, to May 27th, 1917, that I saw her alive on May 27th, 1917, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edgar B. Frauenthal M. D.

May 27, 1917 (Address) 1616 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 8 yrs. 2 mos. 25 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, MAY 29 1917, 191...

20-UNDERTAKER Commissioner Health, | ADDRESS

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5676 — 91 D 5676

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Mayon

(Residence in Baltimore: No. 602 N. Bethel st. St.; yrs. mos. ds.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH, August — (Month) (Day), 1916 (Year)

7-AGE, — yrs. 9 mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, James Mayon

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lizzie Hill

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp

15-FILED MAY 29 1917 191... ROBERT R. KRAUCH Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26, (Day) 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 6 1917, to May 26 1917, that I saw h[illegible]ive on May 26 1917, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Pneumococcus Meningitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia Lobular

(Duration) yrs. mos. 14 ds.

(Signed) K. Flexner M. D.

May 26 191 7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 20 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 602 N. Bethel St.

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, MAY 29 1917

20-UNDERTAKER ADDRESS

Commissioner Health.

per Wm. E. Woodall

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 5677

CERTIFICATE OF DEATH.

125 ✓ D 5677

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Kurici

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, about 30 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed MAY 29 1917, 191... ROBERT R. KRAUSS Registrar.

Burial Permit No.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22 1917, to May 22 1917, that I saw h[illegible] alive on May 22 1917, and that death occurred, on the date stated above, at 7 1/2 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis
Urinary Extravasation
Urinary Extravasation
(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] Johnson M. D.

5/23, 1917 (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
HOPKINS HOSPITAL	MAY 29 1917
20-UNDERTAKER	ADDRESS
Commissioner Health.	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS are requested to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 lbs.

D 5678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 5678

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 McCurley ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Amos Horn

(Residence in Baltimore: No. 237 McCurley St.; 17 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) 16 (Day) 1851 (Year)

7-AGE, 65 yrs. 8 mos. 11 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): 016

9-BIRTHPLACE, (State or Country) Maryland.

PARENTS

10-NAME OF FATHER Nathan L. Horn

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Ann Evans

13-BIRTHPLACE OF MOTHER (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nathan L. Horn

(Address) 237 McCurley St

15- Filed MAY 29 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1917, to May 27 1917, that I saw her alive on May 27 1917, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. V. Cookelearn M. D.

5/28/17, 191... (Address) 24 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem

DATE OF BURIAL, May 30, 1917.

20-UNDERTAKER George A. Farley

ADDRESS Sutton & Laytte

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 5679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128 D 5679

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 930 Eutaw St.; 17 WARD)

2-FULL NAME Benj Zyla

(Residence in Baltimore: No. 930 Eutaw St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1887 (Year)

7-AGE, 30 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Restaurant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Lee

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mayonte Claxton

(Address) 930 Eutaw

15- Filed MAY 29 1917, 191.... ROBERT B. KRAUTER Clerk Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Lobar Pneumonia (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Influenza

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. Williams M. D. (Coroner.)

May 29, 191.. (Address) 8 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 4 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Peters Balto

DATE OF BURIAL, May 30, 191.7

20-UNDERTAKER David Earlam

ADDRESS 916 Eutaw ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 5980

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5680

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 N. Monroe ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Alberta Townshend

(Residence in Baltimore: No. 221 N. Monroe St.; 35 yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, March 30th, 1870 (Month) (Day) (Year)

7-AGE, 47 yrs. 2 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ..... (37)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Gustavus W. Tucker

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah P. Wheeler

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence K. Townshend

(Address) 221 N. Monroe St.

15-Filed MAY 29 1917 191... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1916, to May 27 1917, that I saw h.e alive on May 27 1917, and that death occurred, on the date stated above, at 10 05 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(Diabetes Mellitus at Onset)

(Duration) 2 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cholemia - Coma

(Duration) yrs. mos. 1 ds.

(Signed) Dr. Charles H. Krug M. D.

May 28, 1917. (Address) 1126 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, MAY 30 1917

20-UNDERTAKER Geo. A. Gerber

ADDRESS Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5681

CERTIFICATE OF DEATH.

109 ✓ D 5681

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Harford Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Kinnigan

(Residence in Baltimore: No. 1025 Harford Ave St.; 48 yrs., 6 mos., 13 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Nov. 15, (Month) (Day) 1868 (Year)

7-AGE.	If LESS than 1 day,
48 yrs. 6 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cashier for 086
(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Rubber Co.

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John J. Kinnigan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Annie Mullen

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Wife (Informant) Julia Kinnigan

(Address) 1025 Harford Ave

15- Filed MAY 29 1917 191.... ROBERT B. KRAUTER Clerk.
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8:30 a.m. May 27th 1917, to May 28th 1917, that I saw him alive on 11 a.m. May 27th 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

24 Hours (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock - Collapse from the first

(Duration) yrs. mos. ds.

(Signed) Wilmer Brinton M. D.

May 29th 1917 (Address) Calvert & Fort Sts.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, May 31. 1917

20-UNDERTAKER Elmer W. Conklin — ADDRESS 924 E. Eager St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5682

CERTIFICATE OF DEATH.

64 D 5682

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2323 Eastern Ave. Ct.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Raub.

(Residence in Baltimore: No. 2323 Eastern ave. St.; 70 yrs., 4 mos. 7 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan 20th (Month) (Day), 1840 (Year)

7-AGE, 77 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Raub

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augusta Raub

(Address) 2323 Eastern Ave

15-Filed MAY 29 1917 191.. ROBERT B. KRAUTER Registrar.

Burial Permit Filed

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 23- 1917, to May 27, 1917, that I saw h[illegible] alive on May 27 1917, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Arcbral Hemmbarn

(Duration) ....yrs....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Eugene B Pennano M. D.

May 29.., 191.7. (Address) 2314 E. Butts St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart — DATE OF BURIAL, May 30, 191.7

20-UNDERTAKER Lilly & Zuiler — ADDRESS 403 S Wolfe

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly-classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 5683

CERTIFICATE OF DEATH.

151 D 5683

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 409 S.Sharp St. ST.; W WARD)

2-FULL NAME Mario Intilisani.

(Residence in Baltimore: No. 409 S.Sharp St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, May, 29th. 1917., 1 (Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, 10 hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Carmelo Intilisani.

11-BIRTHPLACE OF FATHER (State or Country) Italy.

12-MAIDEN NAME OF MOTHER Angela Bucolo.

13-BIRTHPLACE OF MOTHER (State or Country). Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Carmelo Intilisani.(father)
(Informant).....
(Address) 409 S.Sharp St.

15- Filed MAY 29 1917, 191... ROBERT R. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May, 29th. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth.
unknown.
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....
(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D.
May, 29, 1917. (Coroner) 1017 S.Charles (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
[illegible]	May, 1917
20-UNDERTAKER	ADDRESS
[illegible]	1618 Light St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5684

CERTIFICATE OF DEATH.

91 D 5684

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 108 E. Weber St. ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy H. Reinhart.

(Residence in Baltimore: No. 108 E. Weber St. St.; 11 yrs., 3 mos., 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, January 14th. 1917. (Month) (Day) (Year)

7-AGE. ..yrs. 4 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Howard A. Reinhart.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Marie E. Voelker.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie E. Reinhart. (mother)

(Address) 108 E. Weber St.

15-MAY 29 1917 ROBERT B. KRAUTH

Filed....., 191... Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28th. 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.
unknown.
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)
(Duration) ...yrs. ...mos. ...ds.

(Signed) Otto W. Reinhard (Coroner) M. D.

May, 29, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, May 30, 1917.

20-UNDERTAKER Jno. C. Wakefield Sons ADDRESS 1318 Light St.

D 5685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5685

REGISTERED No. C.....

1-PLACE OF DEATH Pronounced dead at 182
CITY OF BALTIMORE (No. Franklin Square Hospital ST.) 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Hensell

(Residence in Baltimore: No. 108 S. Carrollton ave St.: yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH. April 22, 1863
(Month) (Day) (Year)

7-AGE. 54 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country) Carroll Co

PARENTS.

10-NAME OF FATHER, Th. Snyder

11-BIRTHPLACE OF FATHER (State or Country) Carroll Co

12-MAIDEN NAME OF MOTHER Sarah E Manley

13-BIRTHPLACE OF MOTHER (State or Country) Montgomery Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E E Reina

(Address) Mt Airy Md

15- Filed MAY 29 1917 ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to (death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot wound of Brain Homicide

(Duration) ..... yrs. ..... mos. Instant ds.

CONTRIBUTORY (Secondary) Hemorrhage and the Brain (Duration) ..... yrs. ..... mos. Instant ds.

(Signed) James M Kenlon M. D.
(Coroner.)

May 29 1917 (Address) 704 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL Pinel Group Md DATE OF BURIAL, May 31 1917

20-UNDERTAKER George J Smith ADDRESS 1000 Payette Ave

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5686 — 47 ✓ — D 5686

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 Colvin ST.: 3 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Lo Grande

(Residence in Baltimore: No. 427 Colvin st St.: 14 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, December 28th, 1898 (Month) (Day) (Year)

7-AGE, 18 yrs. 11 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Artisan
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Baltimore md

PARENTS.

10-NAME OF FATHER, Joseph La Grande

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Cosima Buttoria

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Lo Grande

(Address) 427 Colvin St.

15- Filed MAY 29 1917 191... ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20th, 191.., to May 27th, 191.., that I saw h.. alive on May 27th 191.., and that death occurred, on the date stated above, at 10 4 m.

The CAUSE OF DEATH* was as follows:

a. endocarditis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Leo Pento M. D.

May 29, 1917. (Address) 200 Exeter st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. — DATE OF BURIAL, May 30th, 1917

20-UNDERTAKER Lilly & Zeiler — ADDRESS 403 S Wolfe St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5687.

CERTIFICATE OF DEATH.

D 5687.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 N Glover ST.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florica F. Stribrsky

(Residence in Baltimore: No. 525 N Glover St.; ...yrs.,...mos.,...ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, May 29, 1917
(Month) (Day) (Year)

7-AGE, ...yrs...mos...ds. If LESS than 1 day, 1/2 hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Stribrsky

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Mary Lonin

13-BIRTHPLACE OF MOTHER (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Stribrsky

(Address) 525 N Glover St

15-

Filed MAY 29 1917 ROBERT B. KRAUTER

191... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ...191..., to ...191...,
that I saw h...alive on ...191...,
and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) W. H. Vonck M. D.

May 29, 1917. (Address) 3008 Eldon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	May 30, 1917.
20-UNDERTAKER	ADDRESS
Frank Brack Son	1906 E Baltimore

Spec.—5-19-13.—M. & T.—500 Bks.

D 5683

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5688

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 N. Bent St ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ranny Knight

(Residence in Baltimore: No. 539a West St St.; 12 yrs.,.....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, unknown, 1853
(Month) (Day) (Year)

7-AGE, 62 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Kent County, Md

PARENTS.

10-NAME OF FATHER, Alexander Wilson

11-BIRTHPLACE OF FATHER (State or Country), Kent Co

12-MAIDEN NAME OF MOTHER Anita Watkins

13-BIRTHPLACE OF MOTHER (State or Country), Kent Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ranny Knight

(Address) 1st Windsor

15- MAY 30 1917 Chief Clerk

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1st 1917, to May 28th 1917, that I saw h Cr alive on May 26th 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) ..... yrs. 1½ mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Emma R Brown M. D.

May 28th 191.7 (Address) 122 S. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemetery | DATE OF BURIAL. May 31., 191.7

20-UNDERTAKER Booth Hooper | ADDRESS 60 Little Sharp St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

D 5689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78

D 5689

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 E Biddle ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D Klein

(Residence in Baltimore: No. 1801 E Biddle St.; Life yrs.. mos.. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colrite

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 1 (Month) (Day), 1 (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Real dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John D Klein

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W D Klein

(Address) 1801 E Biddle St

15- Filed MAY 30 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 1916, to May 27 1917, that I saw h[illegible] alive on May 26 1917, and that death occurred, on the date stated above, at A m.

The CAUSE OF DEATH* was as follows:

Rheumatoid Arthritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. 1 mos. ds.

(Signed) W D Klein M. D.

May 29, 1917. (Address) 1102 Druid Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, May 30, 1917

20-UNDERTAKER J Herzog & Co — ADDRESS 2008 Aisquith St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5690

154

1 PLACE OF DEATH

Registered No. C .....

City of Baltimore (No. 1212 N. Bond St.: 8 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Martha J. Offenmann

(Residence in Baltimore: No. 1212 N Bond St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Dec 25, 1837 (Month) (Day) (Year)

7 AGE: 79 yrs. 5 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9 BIRTHPLACE (State or country): Washington D C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Florence Offenmann

(Address) 1212 N Bond st

15.

Filed MAY 30 1917

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 28th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1917, to May 28 1917, that I saw h.. alive on May 27, 1917, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows: Shock was no distinct disease. Just a general break down due to age.

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Intestinal Obstruction

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) Geo T Taylor M. D.

5-29, 1917 (Address) 1254 N. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: May 30, 1917

20 UNDERTAKER: Albert S Fuller — ADDRESS: 221 N Bond

Spec.—8-24-14—M. & T.—2000 Bks.

D 5691

HEALTH DEPARTMENT—CITY OF BALTIMORE.

28 D 5691

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1046 Stryker Ave ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Banker

(Residence in Baltimore: No. 1046 Stryker Ave St.; Yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col.	Married

6-DATE OF BIRTH, June 23, 1883. (Month) (Day) (Year)

7-AGE, 34 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Musician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, John W. Banker

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Hester Ray

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Banker

(Address) 577 Strong St.

15. MAY 30 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 15 1916, to May 27 1917, that I saw h[illegible] alive on May 27 1917, and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John G. Stifel M. D.

May 27, 1917. (Address) 206 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn. DATE OF BURIAL, May 30, 1917.

20-UNDERTAKER W. M. Cook ADDRESS 502 E North

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5692

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5692

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6) Maryland General St. Hospital

REGISTERED No. C 20

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Annie Dove

(Residence in Baltimore: No. 1921 W Hollins St.; 65 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Don't Know (Month) (Day), 1 (Year)

7-AGE. Don't know. Abt. 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer). Same Matron

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm. C. Dove.

11-BIRTHPLACE OF FATHER (State or Country), Howard County.

12-MAIDEN NAME OF MOTHER Anna J. Boyd.

13-BIRTHPLACE OF MOTHER (State or Country), Howard County.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). George A. Loudenslager

(Address) 1931 Stollins St.

15- HARRY C. ANDREWS

Filed MAY 30 1917, 191.. Burial Permit Issued. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20th 1917, to May 29th 1917, that I saw her alive on May 29th 1917, and that death occurred, on the date stated above, at 1.10 A.m.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY. (Secondary) Cerebral Hemorhage

(Duration) yrs. mos. 8 ds.

(Signed) C C Childs M. D.

May 29th, 1917. (Address) Md Gen. Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1921 W Hollins St.

19-PLACE OF BURIAL OR REMOVAL, London Pk | DATE OF BURIAL, May 31., 1917.

20-UNDERTAKER Wm. Cook | ADDRESS 503 E. Monl

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5693

GD 5693

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 Keyser ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Grace Oakley

(Residence in Baltimore: No. 1724 Keyser St. St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Single

6-DATE OF BIRTH March 1, 1915 (Month) (Day) (Year)

7-AGE 2 yrs. 2 mos. 27 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore City

PARENTS

10-NAME OF FATHER Unknown (Child was adopted)

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frances Oakley

(Address) 1724 Keyser St.

15- MAY 30 1917

Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24, 1917, to, May 27 1917, that I saw h.. alive on May 27 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Edgar P. Sandrock M. D.

May 28 1917. [Address] 1601 N. Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Laurel Cem. DATE OF BURIAL May 30 1917

20-UNDERTAKER Mrs J. G. Locks ADDRESS 1302 Jefferson

D 5694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5694

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 608 N. Carlton St. 16 WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor Carson

(Residence in Baltimore: No. 608 N. Carlton Ave. If under 1 year, give age in mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept. 14, 1907
(Month) (Day) (Year)

7-AGE, 9 yrs. 8 mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Carson

11-BIRTHPLACE OF FATHER (State or Country), Malta

12-MAIDEN NAME OF MOTHER Maria Zyra

13-BIRTHPLACE OF MOTHER (State or Country), Malta

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Father
(Address) 608 N. Carlton Ave

15-
Filed MAY 30 1917, 191.... HARRY C. ANDREWS
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis
Influenza (Epidemic)
(Duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Accidental burns
Pneumonia Struck by an auto
(Duration) yrs. mos. ds.
(Signed) [illegible] M. D.
(Coroner.)
May 29, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death .... yrs. .... mos. .... ds. In the State 9 yrs. .... mos. .... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet	May 30, 1917

20-UNDERTAKER	ADDRESS
J. W. Fields	1200 N. Montford

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 5695

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5695

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 S. High ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Goldie Ruskin

(Residence in Baltimore: No. 24 S. High St St.; 6 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, 63 — — yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housewife

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Asriel Slutzkin

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Daily

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J. Lewis

(Address)..... 1411 E. Baltimore St.

15-

Filed MAY 30 1917 101... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 30th ....., 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 23 1917, to May 29 1917, that I saw h.r alive on May 29 1917, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration)..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration)..... yrs. ..... mos. 2 ds.

(Signed) W. Chesnutt M. D.

5/30 191 7 (Address) 216 N. Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Rosedale Co	5/30, 101.7
20-UNDERTAKER Jack Lewis	ADDRESS 1411 E Baltimore

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks. Rosetta Bennett

D 5696 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 D 5696

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 764 W. Franklin ST.; 17 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME [redacted] Bennett

(Residence in Baltimore: No. 764 W. Franklin St.; — yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 67 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta M. Littington

(Address) 764 W. Franklin St.

15- Filed MAY 30 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 28 1917, to May 27 1917, that I saw her alive on May 27 1917, and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Dys. Albuminuria

(Duration) ... yrs. 2 mos. ... ds.

(Signed) [redacted] M. D.

May 29, 1917 (Address) 914 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, May 30 1917.

20-UNDERTAKER Charles B. Jones — ADDRESS 236 N. Pine

D 5697. HEALTH DEPARTMENT—CITY OF BALTIMORE D 5697.

CERTIFICATE OF DEATH.

169

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1 St. of Maryland Ave ST.; 6 WARD)

2-FULL NAME Herman Ford

(Residence in Baltimore: No. 31 N Broad St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. June 5, 1909
(Month) (Day) (Year)

7-AGE. 8 yrs. 8 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cargo Oyster
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Valentine Ford

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Bollman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rose Ford

(Address) 31 N Broad St

15- FILED MAY 30 1917, 191.... MARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, aforesaid find that said deceased came to death on the day stated above.
(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Appendicitis Peritonitis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Edward Lynch M. D.
(Coroner.)

5/30, 191.. (Address) 616 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem	May 31, 1917.
20-UNDERTAKER John J Bowan & Son	ADDRESS 90, Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5698 D 5698

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED No. C.....

CITY OF BALTIMORE: (No. 16 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Burns

(Residence in Baltimore: No. ..... St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 12 (Day), 1849 (Year)

7-AGE, 68 yrs. — mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Peter Burns

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Mc Mannney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15-

Filed MAY 30 1917 HARRY C. ANDREWS Registrar. Burial Permit Clerk

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record, 191..., to ..... 191....., that I saw h.m alive on May 27 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

1 Day (Duration) ....yrs. ....mos. ....ds.

(Signed) J. A. Wayne M. D.

May 29, 1917. (Address) 1133 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 10 yrs. 3 mos. ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, May 30, 1917

20-UNDERTAKER J. C. Wadefield — ADDRESS 214 Greenmount Ave

Spec.—8-21-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5699 — CERTIFICATE OF DEATH. — 79 — D 5699

1-PLACE OF DEATH Little Sisters of the Poor — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 70 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Sauer

(Residence in Baltimore: No. ..... St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 15, 1854 (Month) (Day) (Year)

7-AGE, 63 yrs. 3 mos. 14 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Simon Sauer

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Christine Wurtz

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed MAY 30 1917, 191.... HARRY O. ANDREWS Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I saw him alive on May 27 1917,
and that death occurred, on the date stated above, at 7.25 a.m.
The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

Unknown (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

May 29, 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. ... mos. ... ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 31, 191.7.

20-UNDERTAKER N. C. Wadefield — ADDRESS R[illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 5700 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5700

CERTIFICATE OF DEATH.

+126

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST.) 9 (WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton Mickey

(Residence in Baltimore: No. St Joseph Hospital St.; yrs., mos. 4 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1855 (Year)

AGE yrs. mos. ds. If LESS than 1 day, hrs. or min.? 62

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Gardener
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) York Co Pa

PARENTS.

10-NAME OF FATHER, Jacob Mickey

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. A. Zeigler

(Address) Goldsboro Pa.

15- Filed MAY 30 1917 191 HARRY C. ANDREWS Registrar

Burial Permit Dickinson

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 29 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 25 1917, to May 29 1917, that I saw h[illegible] alive on May 29 1917, and that death occurred, on the date stated above, at 7 30 a m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) parenchymatous hypertrophy of prostate gland

(Duration) yrs. mos. ds.

(Signed) M. Kennare M. D.

May 30, 1917. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. - mos. 4 ds.

Where was disease contracted, if not at place of death? Glen Rock Pa

Former or usual residence Glen Rock Pa

19-PLACE OF BURIAL, OR REMOVAL, Goldsboro Pa. DATE OF BURIAL, May 31, 1917

20-UNDERTAKER W. W. Gaulbert ADDRESS 1624 Mt Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5701

CERTIFICATE OF DEATH.

64 D 5701

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Woodbrook ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eudoria Ann Penning

(Residence in Baltimore: No. 2808 Woodbrook ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	white	Widow

6-DATE OF BIRTH, ... Jan (Month) 10 (Day), 1849 (Year)

7-AGE, 68 yrs. 4 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework +
(b) General nature of industry, business, or establishment in which employed (or employer)..... Domestic Duties

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Alexander K. Meyers

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rebecca Sector

13-BIRTHPLACE OF MOTHER (State or Country), Va —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frank Miller

(Address) Ellicott City Md.

15- MARY [illegible]

Filed MAY 30 1917 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 23 1917, to May 27 1917, that I saw h.r alive on May 27 1917, and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

.....Apoplexy.....

..... (Duration).....yrs.....mos....4...ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Bowel Ileus (Duration).....yrs.....mos.....ds.

(Signed) Edna [illegible] M. D.

May 28 1917. (Address) 2109 Garrison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemy — DATE OF BURIAL, May 30, 1917

20-UNDERTAKER Scott M. Starr — ADDRESS Ellicott City Md.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5702

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5702

CERTIFICATE OF DEATH.

158

REGISTERED No. C.....

1-PLACE OF DEATH General German

CITY OF BALTIMORE (No. Aged home W Balto ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Lein

(Residence in Baltimore: No. 1938 W Baltimore St.; yrs. 44 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Mar 9, 1860 (Month) (Day) (Year)

7-AGE, 57 yrs. 2 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Jacob Lein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Fleischhacker

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss A Boercher

(Address) 1788 W Balto St

15 MAY 30 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned in bath tub at General German Aged home (Suicidal)

Not known (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Melancholy

(Duration) 1 yr. ....mos. ....ds.

(Signed) James M Denbow M. D. (Coroner.)

May 29 191 7 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. 6 mos.....ds. In the State Hyrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem — DATE OF BURIAL, May 30, 1917

20-UNDERTAKER Joseph D Cook — ADDRESS 1003 W Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 5703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 5703

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 Greenmount ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Kelley

(Residence in Baltimore: No. 821 Greenmount ave St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word)
Male	white	Single

6-DATE OF BIRTH, ... Jan (Month) 12 (Day), 1853 (Year)

7-AGE, 64 yrs. 4 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cooper
(b) General nature of industry, business, or establishment in which employed (or employer): Kingan & Co

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James McKelly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Susan Irving

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm McGregor

(Address) 821 Greenmount ave

15-

Filed MAY 30 1917, 191... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 30 1917, to May 30 1917, that I saw h[illegible] alive on May 29 1917, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Septic Tuberculosis of Bed Sores (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) James M Kenton M. D.

May 30, 1917. (Address) 720 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery DATE OF BURIAL, June 2, 1917

20-UNDERTAKER E J Fanning ADDRESS 1938 E Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 5701

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5701

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 46 E Poultney ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Christofer Broeker

(Residence in Baltimore: No. 46 E Poultney st St.; 66 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... (Month) Mar 27 (Day) ....., (Year) 1832

7-AGE, 85 yrs. ..... mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Tailor

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Ludwig Broker

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Trager

(Address) 46 E Poultney

15-

Filed MAY 30 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) May (Day) 28, (Year) 1917

17. I HEREBY CERTIFY, That I attended deceased from May 22 1917, to May 27 1917, that I saw h[illegible] alive on May 27 1917, and that death occurred, on the date stated above, at 1230 m.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

May 28 1917. (Address) 1239 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 31 191...

20-UNDERTAKER Louis Heemann — ADDRESS 92 S Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 5705

HEALTH DEPARTMENT—CITY OF BALTIMORE

42 D 5705

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Louise La Plaine

(Residence in Baltimore: No. 1927 N. Lamde St.; 2 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... January (Month) 8 (Day), 1874 (Year)

7-AGE, 42 yrs. 4 mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Wyoming

PARENTS.

10-NAME OF FATHER, Wm. T. Bushee

11-BIRTHPLACE OF FATHER (State or Country), Rhode Island

12-MAIDEN NAME OF MOTHER Catherine Shade

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Bushee

(Address) 1927 W. Lanvale St.

15- FILED MAY 30 1917, 191.... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22nd 1917, to May 28 1917, that I saw h[illegible] alive on May 28th 1917, and that death occurred, on the date stated above, at 12 40 m.

The CAUSE OF DEATH* was as follows:

General Septicaemia

..... (Duration) Date Known ds.

CONTRIBUTORY (Secondary) Malignant Epithelioma

(Operation) ..... (Duration) Date Known yrs. ..... mos. ..... ds.

(Signed) H. L. Harrison M. D.

May 28, 1917. (Address) Franklin Square Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1927 N. Lamvale St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, May 31, 191.7.

20-UNDERTAKER Harry W. Ehler ADDRESS 1922 W. Nathan

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 3706 — 151 — D 3706

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1147 Ridgely ST.; 21 WARD)

2-FULL NAME Rachel May Deller (Twin No 2)

(Residence in Baltimore: No. 1147 Ridgely St.; .....yrs.,.....mos.....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, May (Month) 20 (Day), 1917 (Year)

7-AGE, ...yrs.....mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Joseph W. Deller

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Bertha Frey

13-BIRTHPLACE OF MOTHER (State or Country) Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph W. Deller

(Address) Lakeland Md

15- MAY 29 1917 ROBERT E. LEAUTER

Filed....., 191.....Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1917, to May 30 1917, that I saw her alive on May 26 1917, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

..... (Duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Sclerosis

..... (Duration) no yrs. no mos. 6 ds.

(Signed) Raymond S. Thomas M. D.

May 30, 1917 (Address) 1147 Ridgely

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, June 1, 1917

20-UNDERTAKER Easton Sons. & Howard Co. — ADDRESS Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

D 5707.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St.; 9 WARD)

REGISTERED No. C 437 D 5707.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Deller

(Residence in Baltimore: No. Mt Winans, west Port St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, white | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 24 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joseph W Deller

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Bertha Frey

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph W Deller

(Address) Lakeland Md

15-

Filed MAY 29 1917 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25 1917, to May 30 1917, that I saw her alive on May 30 1917, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Puerperal Sepsis

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Retained Placenta

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Edward Joseph Rhoads M. D.

May 30., 1917. (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State 24 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Mt Winans Md

Former or usual residence Mt Winans Md

19-PLACE OF BURIAL OR REMOVAL, St Johns Cemetery | DATE OF BURIAL, June 1., 1917

20-UNDERTAKER Howard Co Md | ADDRESS Ellicott City

Easton Sons

Spec.—8-24-14—M. & T.—2000 Bks.

D 5703

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5703

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. A. Fairbanks Sr.

(Residence in Baltimore: No. 1045 N. Broadway St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 24 (Day), 1843 (Year)

7-AGE 74 yrs. 1 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Public School

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Knighton Fairbanks

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER James Devier

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Sadie Fairbanks

(Address) 1045 N Broadway

15-

Filed MAY 31 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 27 1917, to May 30, 1917, that I saw him alive on May 30, 1917, and that death occurred, on the date stated above, at 5:50 p.m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebro-Spinal Meningitis

(Duration) ....yrs. ....mos. 4½ ds.

CONTRIBUTORY (Secondary) Acute Edema of Lungs

(Duration) ....yrs. ....mos. 18hrs ds.

(Signed) Israel J. Feinglos M. D.

May 30, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 hrs ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? At residence

Former or usual residence 1045 N. Broadway

19-PLACE OF BURIAL OR REMOVAL, Green Mt Cemetery — DATE OF BURIAL, May 31, 1917.

20-UNDERTAKER Stewart Mowen Co ADDRESS 1020 N Howard St

Spec.—8-24-14—M. & T.—2000 Bks.

D 5709

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5709

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 S. Bethel ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Randolph Jackson

(Residence in Baltimore: No. 224 S. Bethel St.; ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION: 243

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Tinmerk 04 6

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Arthur Jackson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs R. Jackson

(Address) .....

15 MAY 31 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 1917, to May 28 1917, that I saw h~ alive on May 28 1917, and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchis pneumonia

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robert J. Green M. D.

May 29, 1917. (Address) Robert J. Green

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Laurel Cem

DATE OF BURIAL, May 31, 1917.

20-UNDERTAKER John W Henderson

ADDRESS 317 Caroline

Spec.—8-24-14—M. & T.—2000 Blks.

D 5710

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5710

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 East ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Myers

(Residence in Baltimore: No. 109 East St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ..... (Month) ..... (Day) ..... (Year)

7-AGE, 18 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Benny Myers

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Maggie Cummins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Bates

(Address) 109 East St

15-

Filed ..... 191..... HARRY C. ANDREWS Registrar

MAY 31 1917

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 8, 1917, to May 30 1917, that I saw her alive on May 29 1917, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

..... (Duration): yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Influenza

..... (Duration), ... yrs. ..... mos. 12 ds.

(Signed) R. Edmunds M. D.

May 30, 1917 (Address) 620 Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury

DATE OF BURIAL, June 1, 1917.

20-UNDERTAKER John W Henderson

ADDRESS 31 N Caroline

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5711

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5711

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Brice St. ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary V. Heney

(Residence in Baltimore: No. 606 Brice St. St.; 19 yrs. 1 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	Single

6-DATE OF BIRTH, March 31. (Month), 1898 (Year)

7-AGE, 19 yrs. 1 mos. 30 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): work

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, James Heney

11-BIRTHPLACE OF FATHER (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Sarah Sweeney

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. James Heney

(Address) 606 Brice St

15- MAY 31 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1917, to May 30 1917, that I saw h[er] alive on May 29 1917, and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(Duration) yrs. mos. ds.

(Signed) Joseph E. Muse M. D.

May 31 1917 (Address) 1520 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, June 2, 1917.

20-UNDERTAKER John J. Lowan Son ADDRESS 901 Hollins St.

D 5712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 D 5712

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. 504 W Mulberry St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John R. Foster

Residence in Baltimore: No. 504 W Mulberry St.; 14 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Sept 29, 1857 (Month) (Day) (Year)

7 AGE: 59 yrs. 8 mos. 1 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Advertising
(b) General nature of industry, business, or establishment in which employed (or employer): Agent

9 BIRTHPLACE (State or country): Pa.

PARENTS

10 NAME OF FATHER: James J Foster

11 BIRTHPLACE OF FATHER (State or country): N H

12 MAIDEN NAME OF MOTHER: Amanda Rook

13 BIRTHPLACE OF MOTHER (State or country): Pa.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rosa C Foster

(Address) 504 Mulberry

15 MAY 31 1917 (Filed ..... 191...) HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May 30th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1913, to May 30th 1917, that I saw him alive on May 30th 1917, and that death occurred, on the date stated above, at ... m. The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 3 yrs. 7 mos. ... ds

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) V. VanWilliams M. D.

5-31-1917 (Address) 601 Cumberland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Pottsville Pa

DATE OF BURIAL: June 2 1917

20 UNDERTAKER: W M Routson

ADDRESS: 230 N Greene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

D 5713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 D 5713

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Pennsylvania ave ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Maxwell Brown

(Residence in Baltimore: No. 1008 Pennsylvania ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	Colored	Single

6-DATE OF BIRTH, April 11, 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), 1008 Pennsylvania Ave

PARENTS.

10-NAME OF FATHER, Howard Maxwell Brown

11-BIRTHPLACE OF FATHER (State or Country). Frederick Md

12-MAIDEN NAME OF MOTHER Cinda Green

13-BIRTHPLACE OF MOTHER (State or Country). Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Green

(Address) 1008 Penna Ave

15- Filed MAY 31 1917 191.... HARRY C. ANDREWS Registrar. BURIAL PERMIT Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 21 191 7, to May 30 191 7, that I saw h— alive on May 30 191 7, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary) Age — Institute

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm F Wenger M. D.

May 30, 1917 (Address) 1209 Park ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, May 3, 1917

20-UNDERTAKER Casserly & Dwyer — ADDRESS 136 W Mulberry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-24-14—M. & T.—2000 Blks.

D 5714

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5714

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Driscoll

(Residence in Baltimore: No. 1728 Division St St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Dec 10, 1879 (Month) (Day) (Year)

7-AGE, 37 yrs. 5 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Actress 086
(b) General nature of industry, business, or establishment in which employed (or employer) Vaudeville Performer

9-BIRTHPLACE, (State or Country), Not Known

PARENTS.

10-NAME OF FATHER, Geo. Criswell

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp.

(Address) Calvert St

15-

Filed MAY 31 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17 1917, to May 29 1917, that I saw h[illegible] alive on May 29 1917, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Meningitis

Do not Know

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward J. Smith M. D.

May 29, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State ....yrs. 1 mos. ....ds.

Where was disease contracted, if not at place of death? Do not Know

Former or usual residence 1728 Division St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, May 31, 191.

20-UNDERTAKER Samuel D Hemsley — ADDRESS 578 W Balto

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5715

CERTIFICATE OF DEATH.

64 D 5715

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 W. 36 St. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Pfeiffer

(Residence in Baltimore: No. 1527 W. 36 St. St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept. (Month) 19 (Day) 1847 (Year)

7-AGE, 70 yrs. 8 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Andrew Pfeiffer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Smith

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alvertia Pfeiffer

(Address) 1527 W. 36. St.

15- Filed MAY 31 1917 191 MARY C. ANDREWS Clerk. Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 22 1917, to May 29 1917, that I saw him alive on May 29 1917, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 6 mos. ds.

(Signed) C. J. Dawson M. D.

May 31, 191... (Address) 1001 W. 33rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge DATE OF BURIAL, June 1 191..

20-UNDERTAKER H. S. Marshall ADDRESS 3039 Folly Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

243 040

Spec.—8-24-14—M. & T.—2000 Bks.

D 5716 HEALTH DEPARTMENT—CITY OF BALTIMORE

151

D 5716

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Jordan ave ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Ernest Hannegan

(Residence in Baltimore: No. 912 Jordan ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Single

6-DATE OF BIRTH, May 25th, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), 912 Jordan ave

PARENTS.

10-NAME OF FATHER, Albert Hannegan

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Rebecca Hornby

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Hornby

(Address) 912 Jordan ave

15-

Filed MAY 31 1917, 191. Harry [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28th 191., to May 28th 191.,
that I saw her alive on May 28th 191., and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:

Premature birth
Apnea 5 minutes

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ....yrs. 1 mos. ....ds.

(Signed) A. Lee Hart M. D.

May 29, 191.. (Address) 912 Jordan ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, MAY 30 1917, 191...
20-UNDERTAKER	ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

24852

2

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5717

CERTIFICATE OF DEATH.

18 D 5717

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 N. Mount ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugenia Mac Donald Littlefield

(Residence in Baltimore: No. 818 N. Mount St.; Wife yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: Aug. (Month) 4 (Day), 1853 (Year)

7-AGE: 63 yrs. 9 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): 600

9-BIRTHPLACE (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Rufus P. Littlefield

11-BIRTHPLACE OF FATHER (State or Country): Maine

12-MAIDEN NAME OF MOTHER: Eugenia MacDonald

13-BIRTHPLACE OF MOTHER (State or Country): Wash. D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna M. Brooks

(Address) 818 N. Mount St

15- MAY 31 1917

Filed....., 191.... HARRY O. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 30th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1917, to May 30 1917, that I saw h-r alive on May 30 1917, and that death occurred, on the date stated above, at 4.40 p.m.

The CAUSE OF DEATH* was as follows:

C
Exhaustion
3 mos.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr. Lloyd M. D.

May 31 1917 (Address) 2505 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount

DATE OF BURIAL: May 31, 1917

20-UNDERTAKER: William Cook

ADDRESS: 504 North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr. Lloyd 2505 Pennsylvania Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5718

CERTIFICATE OF DEATH.

92 D 5718

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 S. Bond ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Katalinic

(Residence in Baltimore: No. 830 S. Bond St.; 71 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Sept. (Day) ....., 1873 (Year)

7-AGE, 43 yrs. 8 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Marine

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Johann Katalinic

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stefanie Katalinic

(Address) 836 S. Bond St.

15-

Filed MAY 31 1917 HARRY [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30th (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 25 191.., to May 30 191.., that I saw h.. alive on May 29 191.., and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Endocarditis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, June 1., 1917.

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Fleet St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5719

CERTIFICATE OF DEATH.

D 5719

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2312 Foster Av. ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis L. Phillips

(Residence in Baltimore: No. 2312 Foster Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. 21, 1915
(Month) (Day) (Year)

7-AGE, 2 yrs. 3 mos. 9 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 800

9-BIRTHPLACE, (State or Country), Balto. City.

PARENTS.

10-NAME OF FATHER, Valentine Phillips

11-BIRTHPLACE OF FATHER (State or Country), Balto. City.

12-MAIDEN NAME OF MOTHER, Annie M. Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Balto. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie M. Phillips.

(Address)

15-

Filed MAY 31 1917 191 HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 30, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1917, to May 30 1917, that I saw him alive on May 30 1917 and that death occurred, on the date stated above, at 4:30 P.m.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) Henry B. Athey M. D.

May 30, 1917. (Address) 700 N. Patterson Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, M. E. Evangelical — DATE OF BURIAL, May 31, 1917.

20-UNDERTAKER H. Sander & Sons — ADDRESS 718 E. Fleet St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5720

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5720

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Fleet ST.; V WARD)

REGISTERED No. C

2-FULL NAME Wm R. Kaiser (Keiser)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1809 Fleet St.; 5 yrs. 11 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, June (Month) 12 (Day), 1911 (Year)

7-AGE, 5 yrs. 11 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Mich. Keiser

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Victoria Augustyniak

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mich. Keiser

(Address) 1809 Fleet

15- Filed MAY 31 1917, 191 HARRY C. ANDREWS Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 191 7, to May 30 191 7, that I saw him alive on May 30 191 7, and that death occurred, on the date stated above, at 8 45 a.m.

The CAUSE OF DEATH* was as follows:

1. Diphtheria

(Duration) 9 days.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas Theer M. D.

5/31/17, 191... (Address) H. & St. Paul Sts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, May 31, 191 7

20-UNDERTAKER Wm Hawkins — ADDRESS 1 E Fayette

2 P.M.

R. S. Every item of information should be carefully supplied. ACCURATE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5721 HEALTH DEPARTMENT—CITY OF BALTIMORE 79 D 5721

CERTIFICATE OF DEATH.

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1204 Myrtle St., 17 Ward)

2-FULL NAME Mary A. Vandeman

(Residence in Baltimore: No. 1204 Myrtle ave St. 70 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1847 (Year)

7-AGE 70 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Peter T. Logue

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Catherine F. Miller

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo W Little

(Address) 531 N Fremont Ave

15- MAY 31 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Insufficiency of Valves

Mitral Orifice of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema

(Duration) yrs. mos. ds.

(Signed) Wm. Lee, M. D. (Coroner.)

May 30, 1917. (Address) 3 E Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds. Since Birth

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, June 1st, 1917.

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5722

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5722

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 Park ave ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Reese

(Residence in Baltimore: No. 1135 Park ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1864 (Year)

7-AGE, 53 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Alfred Andrews

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Patsie Williams

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E. Reese

(Address) 1135 Park ave

15- Filed MAY 31 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1917, to May 29 1917, that I saw her alive on May 28 1917, and that death occurred, on the date stated above, at 8:00 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

..... (Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Diabetes

..... (Duration) ... yrs. 2 mos. ... ds.

(Signed) C. H. Flowers M. D.

May 2, 191.7 (Address) 714 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 31, 191...

20-UNDERTAKER John A. Buchan — ADDRESS 110 N. Howard

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5723

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 D 5723

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Vincents Infant Asylum

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1401 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanore Stelski

(Residence in Baltimore: No. 1401 Division St.; ...yrs., 1 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	wht	single

6-DATE OF BIRTH, Apr. 2, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 1401 Division St

15- Filed MAY 31 1917, 191... HARRY C. ANDREWS Clerk
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1917, to May 29 1917, that I saw h.r alive on May 28 1917, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ...yrs. ...mos. ...ds.

(Signed) Leonard M. C. Parker M. D.

..., 191... (Address) 1114 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 1 mos. 4 ds. In the State unknown yrs. 7 mos. 4 ds.

Where was disease contracted, if not at place of death? St Vincents Inf Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	May 31 1917
20-UNDERTAKER	ADDRESS
M Fahey & Sons	606 Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-16—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5724

CERTIFICATE OF DEATH.

15 D 5724

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 18th St. 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roby McHugh

(Residence in Baltimore: No. 518 18th St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. May 31st, 1917 (Month) (Day) (Year)

7-AGE. 5 months. ....yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or 5 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country). Balto., Md.

PARENTS.

10-NAME OF FATHER. Francis McHugh

11-BIRTHPLACE OF FATHER (State or Country). Balto., Md

12-MAIDEN NAME OF MOTHER Edith Egner

13-BIRTHPLACE OF MOTHER (State or Country). Balto., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Egner

(Address) 518 18th St

15-

Filed MAY 31 1917 191... HARRY C. ANDREWS

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31st, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31st 191..., to May 31st 191..., that I saw h... alive on May 31st 191..., and that death occurred, on the date stated above, at 12.35 p.m.

The CAUSE OF DEATH* was as follows:

Pneumatism Cord
7 months

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ...

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. D. Brown M.D.

May 31 191... (Address) 101 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Peters Cemetery	May 31st, 191.7.
20-UNDERTAKER M. L. Flynn	ADDRESS 1422 Light St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 5725

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 752 Mulberry ST.; 17 WARD)

REGISTERED No. C.....

FULL NAME William Thomas

(Residence in Baltimore: No. 752 Mulberry St.; Life mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Col	Married

6-DATE OF BIRTH, Unknown (Month) , 1 (Day) (Year)

7-AGE. 44 yrs. mos. ds. If LESS than 1 day, hrs. or mtu.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Lab
(b) General nature of industry, business, or establishment in which employed (or employer). Foton

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H D Strickler

(Address) 112 N Caroline Ave

15-

Filed MAY 31 1917 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 29 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20 1917, to May 29 1917, that I saw him alive on May 29 1917, and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH* was as follows:

Heart Trouble

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H D Strickler M. D.

5/30, 1917. (Address) 112 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery DATE OF BURIAL, June 2 1917

20-UNDERTAKER Charles B. Jones ADDRESS 2355 Pine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spce.—8-24-14—M. & T.—2000 Blks.

D 5726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109 D 5726

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME .....

(Residence in Baltimore: No. ..... St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: 4710
(a) Trade, profession, or particular kind of work 7
(b) General nature of industry, business, or establishment in which employed (or employer) 086

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed MAY 31 1917 191... HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I saw h... alive on ..... 191...,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 5 ds. In the State Life yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1718 W Lexington St

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, August 3, 1917.

20-UNDERTAKER Robert Brookes — ADDRESS Edmondson Village

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5727

CERTIFICATE OF DEATH.

64

D 5727

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 404 S Payson ST.; 20 WARD)

REGISTERED No. C

2-FULL NAME John W Holland

(Residence in Baltimore: No. 404 S Payson St.;

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Fairfield

yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 7 (Day), 1877 (Year)

7-AGE, 39 yrs. 5 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work... Watchman 062
(b) General nature of industry, business, or establishment in which employed (or employer)... Water Department

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John R. Holland

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary A. Colley

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm W. Holland

(Address) 404 S. Payson St

15- MAY 311917 Filed....., 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows: Coronary Sclerosis at base of Brain

(Duration) yrs. few Min mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) ! yrs. mos. ds.

(Signed) James M. Fulton M. D. (Coroner.)

May 29 1917 (Address) 1701 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Western Cemetery

DATE OF BURIAL, June 1, 1917

20-UNDERTAKER Geo A Gerber

ADDRESS Balto & Payson St.

D 5728

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5728

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Homewood Apartments ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth R. Hand.

(Residence in Baltimore: No. Homewood Apartments St.; yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) Aug. 18 (Day), 1877 (Year)

7-AGE, 39 yrs. 9 mos. 11 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, N. L. Brown

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Sue Brown

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Hand.

(Address) Homewood Apartments

15- MAY 31 1917 HARRY C. ANDREWS

Filed ....., 191. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) May 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Heart Disease

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) John J. McGrath (Coroner.) M. D.

May 30, 1917. (Address) 2432 Kloman St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, May 31, 1917.

20-UNDERTAKER Joseph B. Cook ADDRESS, 1003 W. Baltimore St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5729

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 5729

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 Appleton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Emily J Baker.

(Residence in Baltimore: No. 1003 Appleton St. St.; 13 yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	White	Widow

6-DATE OF BIRTH, ... Jan. ..... (Month) ..... — ..... (Day) ....., 1836 (Year)

7-AGE, 81 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)..... for son 100

9-BIRTHPLACE, (State or Country), Carroll Co. Maryland.

PARENTS.

10-NAME OF FATHER, Jno S. Murray

11-BIRTHPLACE OF FATHER (State or Country), Cannot say.

12-MAIDEN NAME OF MOTHER Sarah Eckler.

13-BIRTHPLACE OF MOTHER (State or Country), Cannot say.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. L. Baker

(Address) 1003 Appleton St

15-

FILED MAY 31 1917 191..... HARRY C. ANDREW Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May. (Month) 30 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 17 191 6, to May 30 191 7, that I saw h~ alive on May 30 191 7, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

.....

Apoplexy.

..... (Duration) ~ yrs. ~ mos. 7 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis ?

..... (Duration) ~ yrs. 10 mos. ~ ds.

(Signed) George E. Shannon M. D.

May 30, 191 7. (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Westminster Md — DATE OF BURIAL, May ....., 191..7

20-UNDERTAKER Jacob L Cook — ADDRESS 1002 W Balto St

Age should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5730

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5730

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 W Baltimore ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H Abbott

(Residence in Baltimore: No. 918 W Baltimore St.; 80 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, July (Month) 25 (Day) 1837 (Year)

7-AGE, 79 yrs. 10 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer): 012

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Charles E Muse

(Address) 918 W. Balto St

15-

Filed MAY 31 1917 191.....

HARRY C. ANDREWS
Burial Permit Officer

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1916, to May 29 1917, that I saw him alive on May 27 1917, and that death occurred, on the date stated above, at 2 05 p m.

The CAUSE OF DEATH* was as follows:

Old age,
no specific disease

(Duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Cystitis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph E. Jones M. D.

May 31 1917 (Address) 1520 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, June 1, 1917

20-UNDERTAKER Joseph L. Cook — ADDRESS 1031 Balto St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5731

CERTIFICATE OF DEATH.

150

REGISTERED NO. C D 5731

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 211 Durrin ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Gantt.

(Residence in Baltimore: No. 211 Durrin St.; yrs., mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Col'd	Single

6-DATE OF BIRTH, May 20, 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
yrs. mos. 10 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: 000
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Herman Gantt

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Young

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 211 Durrin St.

15-
Filed MAY 31 1917, 191... HARRY C. ANDREWS
Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Iron Clinker Ulcer
Forearm Cut with Knife
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) B. Pettigrew M. D.
(Coroner)
May 31, 191.. (Address) 1717 E. Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	May 31, 19..
20-UNDERTAKER Paul H. Bauer	ADDRESS [redacted]

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

D 5732

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 W. Fayette ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Morris.

(Residence in Baltimore: No. 1106 W. Fayette St. St.; 7 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH. Nov. (Month) 9 (Day), 1845 (Year)

7-AGE. 61 yrs. 6 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): 050

9-BIRTHPLACE. (State or Country). England

PARENTS.

10-NAME OF FATHER. Wm J. Morris

11-BIRTHPLACE OF FATHER (State or Country). England

12-MAIDEN NAME OF MOTHER. Elizabeth

13-BIRTHPLACE OF MOTHER (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline E. Morris

(Address) 1106 W. Fayette St.

15- MAY 31 1917 ROBERT R. KRAUTH Registrar

Filed....., 191..... Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1916, to May 30 1917, that I saw him alive on May 30 1917, and that death occurred, on the date stated above, at 7-10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary) None

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) Henry L. Dietz M. D.

May 31, 1917. (Address) 1223 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park — DATE OF BURIAL, June 2, 1917.

20-UNDERTAKER John O. Mitchell — ADDRESS 1201 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5733

CERTIFICATE OF DEATH.

126

REGISTERED No. C D 5733

1-PLACE OF DEATH U. S. Marine Hospital

CITY OF BALTIMORE: (No. 3141 Benninton St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hamilton Lefevre

(Residence in Baltimore: No. U.S. Marine Hospital St.; ..... yrs., 1 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... January ....., 1 .....
(Month) (Day) (Year)

7-AGE, ... 74 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) 086

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Hamilton Lefevre

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah J Street

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ethel B. Cocke

(Address) Pikesville Md

15-

Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 30 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1917, to May 30 1917, that I saw h.. alive on May 30 1917, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Exhaustion following an operation for enlarged prostate 48

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Enlarged prostate

(Duration) 10 yrs. ..... mos. ..... ds.

(Signed) Chas Wagel M. D.

May 30 1917. (Address) U.S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 26 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hamed. Balto Co. Md

DATE OF BURIAL, May 1, 1917.

20-UNDERTAKER Near Wenkton John O. Mitchell

ADDRESS 1201 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 D 3731

3731

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Payne

(Residence in Baltimore: No. 1618 Talbot St St.; yrs.. mos..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE. adult

Years	Months	Days	If LESS than 1 day, hrs.	or min.
4				

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 600

9-BIRTHPLACE, (State or Country), Dorchester Co. Md

PARENTS.

10-NAME OF FATHER, Benj. L. Keene

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Josephine Henry

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj. Keene

(Address) 1618 Talbot

15- MAY 31 1917 ROBERT R. KRAUSE

Filed....., 191..... Burial Permit Issued Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) and that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

3
1. Burns. General
accidental, Freely but not crit
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

May 24, 191.7 (Address) 1637 Ken...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 day ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, MAY 31, 1917
20-UNDERTAKER Commissioner Health,	ADDRESS

Per Wm F. WOODALL

Spec.—8-24-14—M. & T.—2000 Blks.

D 5735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 5735

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Millard Dickerson

(Residence in Baltimore: No. 210 Mulberry St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH. February - 28, 1896.
(Month) (Day) (Year)

7-AGE. 21 yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Driver.
(b) General nature of industry, business, or establishment in which employed (or employer). 073

9-BIRTHPLACE. (State or Country). Pittsburgh- Pa.

PARENTS.

10-NAME OF FATHER. Alex Dickerson

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Matilda Thomas.

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Gleason M.

(Address) Maryland Penitentiary

15- Filed MAY 31 1917, 191.... ROBERT R. KRAUSE Registrar.

Burial Permit 010-1

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May - 25, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April - 20 1917, to May - 25 1917, that I saw him alive on May - 25 1917, and that death occurred, on the date stated above, at 9.40 A.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

2 hrs. Following Pulmonary Hemorrhage probably T.B.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY. Bronchitis.
(Secondary)

(Duration) ....yrs. 1 mos. 5 ds.

(Signed) William J. Schwarz M. D.

5/25, 1917. (Address) Md. Penitentiary.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. 11 mos. 23 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 210 Mulberry St.

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. MAY 31 1917, 191....

20-UNDERTAKER Commissioner Health. ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5736 — 152 — D 5735

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Gladding

(Residence in Baltimore: No. 1230 W Lafayette Ave St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, May 29, 1917
(Month) (Day) (Year)

7-AGE, — yrs. — mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....000
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Jno P. Gladding

11-BIRTHPLACE OF FATHER (State or Country). City

12-MAIDEN NAME OF MOTHER Mary Fishack

13-BIRTHPLACE OF MOTHER (State or Country). City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno P. Gladding

(Address) 1230 W Lafayette Ave.

15- MAY 31 1917

Filed ..... 191.....

ROBERT R. FRASER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29 1917, to May 31 1917, that I saw h[illegible] alive on May 31 1917, and that death occurred, on the date stated above, at 12.15 P.M.

The CAUSE OF DEATH* was as follows:

Congenital Malformation

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) None

..... (Duration).....yrs.....mos.....ds.

(Signed) C. M. Harrison M. D.

5/31, 1917. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount	June, 191...
20-UNDERTAKER Graham F. Wacker	ADDRESS 1730 Bolton

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5737. V

CERTIFICATE OF DEATH.

+115

D 5737

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roser L. Bass.

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. V ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Unknown ....., 18..? (Month) (Day) (Year)

7-AGE. 30 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Storekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... Drug Store

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Deceased

(Address) University Hospital.

15-MAY 31 1917 ROBERT R. KRAUTER

Filed....., 191..... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 191.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29 191.., to May 31 191.., that I saw him alive on May 31 191.., and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows: Peritonitis

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Gastro Enterostomy

chronic ulcer (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) ..... G. Perry Boas ..... M. D.

5/31, 191.. (Address) ..... University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. V ds. In the State ..... yrs. ..... mos. V ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Lyndhurst Va

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. Va

DATE OF BURIAL, June 1, 191..

20-UNDERTAKER Rich. Bros

ADDRESS 202 Main St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 5738

CERTIFICATE OF DEATH

150 5738

1 PLACE OF DEATH

Registered No. C.....

CITY OF BALTIMORE: (No. 1529 Kinsett St.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Infant Luther & Eva Betz

(Residence in Baltimore: No. 1529 Kinsett St.; yrs. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male.	White	Single

6-DATE OF BIRTH May (Month) 30 (Day), 1917 (Year)

7-AGE ..... yrs. ..... mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Arthur G. Betz

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Eva May Edwards

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur G. Betz

(Address) 1520 Kinsett Ave.

15- ROBERT R. KRAUTER

Filed MAY 31 1917 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30, 1917, to, May 31 1917, that I saw h... alive on May 31 1917, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency (Mitral Stenosis)

(Duration) ..... yrs ..... mos. 1 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Wm J Bumpert M. D.

May 31, 1917. [Address] 1928 N Gilmor

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: June 1, 1917

20-UNDERTAKER: George J Smith — ADDRESS 1000 N Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5739.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 5739.

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 932 W. Lexington ST.; 18 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Fischer

(Residence in Baltimore: No. 932 W. Lexington St. St.; 45 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct (Month) 28 (Day), 1848 (Year)

7-AGE, 68 yrs. 7 mos. 3 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): 080

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Fischer

11-BIRTHPLACE OF FATHER (State or Country), Do not know

12-MAIDEN NAME OF MOTHER, Do not know

13-BIRTHPLACE OF MOTHER (State or Country), Do not know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) George Fischer
(Address) 932 W. Lexington St.

15- Filed MAY 31 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1917, to May 31 1917, that I saw him alive on May 31 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(Duration) 1 yrs. 6 mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis Arteria Sclerosis

(Duration) Over 2 mos. ds.

(Signed) E. Kenny C. Otis M. D.

May 31., 191.7. (Address) 1223 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, June 3 191.7

20-UNDERTAKER George J. Smith — ADDRESS 1000 E. Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5745

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5745

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 653½ Sterling St.; 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Jones,

(Residence in Baltimore: No. 653½ Sterling St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Unknown ....., B.T.
(Month) (Day) (Year)

7-AGE, 46 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 074

9-BIRTHPLACE, (State or Country), Geo,

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Geo.

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Geo,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Jones,

(Address) 653½ Sterling St.

15-

Filed JUN 1 1917 191.... HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

..... (Duration) yrs. mos. dys.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) W. Frank Jones (Coroner.) M. D.

June 1, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, June 1, 1917

20-UNDERTAKER Mrs. Robt. A. Elliott ADDRESS 506 East St.

...ACE should be stated EXACTLY. PHYSICIANS should state ...e properly classified. Exact statement of OCCUPATION is very ...tion should be carefully supplied. ...CAUSE OF DEATH in plain terms, so that it may be prop... important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5711

HEALTH DEPARTMENT—CITY OF BALTIMORE 28

D 5711

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 N. Bentelou ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosella Shipley

(Residence in Baltimore: No. 7 N. Bentelou St.: 8 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: Feby (Month) 5 (Day), 1883 (Year)

7-AGE: 34 yrs. 3 mos. 25 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: house duties
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): A. A. Co. Md

PARENTS.

10-NAME OF FATHER: Theodore A. Shipley

11-BIRTHPLACE OF FATHER (State or Country): A. A. Co. Md

12-MAIDEN NAME OF MOTHER: Cecilia Shipley

13-BIRTHPLACE OF MOTHER (State or Country): A A Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Richard L. Shipley

(Address): Buckeystown Md

15- Filed JUN 1 - 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from ? 1907, to May 30 1917, that I saw h[illegible] alive on May 30 1917, and that death occurred, on the date stated above, at 2.30a m.

The CAUSE OF DEATH* was as follows:

Phthisis

(Duration) 10 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wellam P. Stubbs M. D.

May 31, 1917. (Address) 1706 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Harmons a.a.Co. DATE OF BURIAL, June 1, 191.7

20-UNDERTAKER: John D. Mitchell ADDRESS 1201 W. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5742

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 ✓ D 5742

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2100 Frederick Ave (WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Scherf

(Residence in Baltimore: No. 2100 Frederick Ave St. ... yrs. ... mos. ... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March 10, 87 (Month) (Day) (Year)

7-AGE: 4 yrs. 2 mos. 20 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Otto Scherf

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Louise Heuser

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hy Hartman

(Address) 2100 Frederick Ave

15. JUN 1 - 1917 Filed ..., 191... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 30, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1915, to, May 28, 1917 that I saw h alive on May 28, 1917 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows

Pulmonary Tuberculosis

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Hemorrhage

(Duration) ... yrs. ... mos. ... ds.

(Signed) G. Theede M. D.

5/31, 1917 (Address) 1830 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: London Park. DATE OF BURIAL: June 1- 1917

20-UNDERTAKER: Geo. L. Schmidt & Bro ADDRESS 2101 Fred'k Ave.

D 5743

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

9 D 5743

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 424 S. Paca ST.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adele Majcutos

(Residence in Baltimore: No. 424 S. Paca.

St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
4 yrs. 3 mos. ds.	....hrs. or....mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Peter Majcutos

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Dani Buttkis

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Trebiancus

(Address) 425 S. Paca

15-

Filed JUN 1 - 1917, 191.... HARRY O. ANDREWS.. Registrar.

Burial Permit Oliver 11 A M

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diphtheria

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) A. L. Wisse M. D.

(Coroner) 317 Cathedral

....., 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	June 1, 1917

20-UNDERTAKER	ADDRESS
John Trebiancus	425 S. Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5741

105 D 5741

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2566 N. Fayette ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte A. Engelhardt

(Residence in Baltimore: No. 2566 N. Fayette St.; 3 yrs., 9 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. August 29, 1913
(Month) (Day) (Year)

7-AGE. 3 yrs. 9 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER. John A. Engelhardt

11-BIRTHPLACE OF FATHER (State or Country) Newark N.J.

12-MAIDEN NAME OF MOTHER Louise C. Blatt

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Engelhardt

(Address) 2566 N. Fayette St.

15-

Filed JUN 1 - 1917 191.. HARRY C. ANDREWS Burial Land Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 30th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25 1917, to May 30 1917, that I saw h[illegible] alive on May 30 1917, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

Hes Colitis

..... (Duration) ..yrs. ..mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) W. A. Russell M. D.

May 31, 1917 (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer Cemetery	June 2nd, 191.7.
20-UNDERTAKER	ADDRESS
F. B. Tilghman	(2738 Frederick Av)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5745

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 N. Linwood Ave ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George. H. Bandel

(Residence in Baltimore: No. 823 N Linwood Ave St.; 53 yrs., 7 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH: October 18, 1863 (Month) (Day) (Year)

7-AGE: 53 yrs. 7 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer): DGI

9-BIRTHPLACE, (State or Country): Balto md.

PARENTS.

10-NAME OF FATHER: Leonard J. Bandel

11-BIRTHPLACE OF FATHER (State or Country): Balto md.

12-MAIDEN NAME OF MOTHER: Anna M. Hayes

13-BIRTHPLACE OF MOTHER (State or Country): Balto md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. Claire A. Bandel

(Address) 823 N. Linwood Ave

15- Filed JUN 1 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31st, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1917, to May 31st 1917, that I saw h im alive on May 31st 1917, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus and Chronic Parenchymatous nephritis

Some (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) Wm. J. Lockwood M. D.

June 1st, 1917. (Address) 8 E. Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: June 3, 191 7.

20-UNDERTAKER: Henry Hoen & Son

ADDRESS: 130 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 5746

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Norwood Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gerard Schwartzkopf

(Residence in Baltimore: No. 1701 Norwood Ave St.; 1 yrs., 1 mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 30, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER, Gerard J. Schwartzkopf

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Marie Heyming

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 1701 Norwood Ave.

15- JUN 1 - 1917 HARRY C. ANDREWS

Filed....., 191.... STATE Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31st, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1917, to May 31 1917, that I saw h[illegible] alive on May 31 1917, and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar Right Upper

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Bronchial Atelectasis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Albert C. Ellegood M. D.

May 31st, 1917. (Address) 1701 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, June 1, 1917.

20-UNDERTAKER Henry Hoeck Son — ADDRESS 1301 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5747

CERTIFICATE OF DEATH.

79 D 5747

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Gremont ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm G. Moorman

(Residence in Baltimore: No. 1023 Gremont St. 44 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, April 20, 1873 (Month) (Day) (Year)

7-AGE, 65 yrs. 1 mos. 11 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cashier 0130
(b) General nature of industry, business, or establishment in which employed (or employer): Stationary

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Dent Kunn

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Dent Kunn

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Moorman

(Address) 1023 Gremont Ave

15- Filed JUN 1 1917 191 HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1917; to May 31 1917, that I saw him alive on May 25 1917, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilatation of heart sudden

(Duration) yrs. mos. ds.

(Signed) James M. Kenton M. D.

May 31 191 7 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Vincent — DATE OF BURIAL, June 2 191 7

20-UNDERTAKER Robt E Lemmon & Sons — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5748

HEALTH DEPARTMENT—CITY OF BALTIMORE

29 D 5748

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Beresonsky

(Residence in Baltimore: No. 2316 E Fairmount ave St.; ? yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May 19th, 1868
(Month) (Day) (Year)

7-AGE, 49 yrs. mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Joseph Beresonsky

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. C. Keeny M.D.

(Address) Union Prot. Infirmary

15-

Filed JUN 1 1917 HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1st, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23rd 1917, to June 1st 1917, that I saw h m alive on May 31 191., and that death occurred, on the date stated above, at 2.15 A m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis
Operation ; May 29th 17
?
(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal obstruction
(Duration) yrs. mos. ds.

(Signed) Kenneth C. Hill M. D.
June 1, 191.7. (Address) Union Protestant Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ? yrs. mos. 10 ds. In the State ? yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 2316 E Fairmount ave

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Rosedale Cemetery

DATE OF BURIAL, June 4, 191.7.

20-UNDERTAKER, S. Samson

ADDRESS 1107 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2060 Blks.

D 5749

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 ✓

D 5749

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sidney E. Watkins

(Residence in Baltimore: No. 1539 N. Gilmore St. St.; 2 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June 25, 1880 (Month) (Day) (Year)

7-AGE, 36 yrs. 11 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)..... 031

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Edward J. Watkins

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Ella Moody

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry L. Saunders

(Address) Johns Hopkins Hosp.

15- Filed JUN 1 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to May 31 1917, that I saw him alive on May 31 1917, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Acute influenzal endocarditis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) A. B. Cooke M. D.

May 31, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5/ ds. In the State 1 yr. 1 mo. 1 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1539 N. Gilmore St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn	June 3, 1917
20-UNDERTAKER Geo W. Little	ADDRESS 531 N. Fremont Ave

D 5750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5750

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 822 Saratoga ST.: 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J. Baier,
(Residence in Baltimore: No. 822 Saratoga St.; 59 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 22, 1858.
(Month) (Day) (Year)

7-AGE, 59 yrs. 2 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Varnisher
(b) General nature of industry, business, or establishment in which employed (or employer): 051

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Baier
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER Margaret Creaser
13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Geo W Little
(Address) 531 N. Fremont Av.

15- JUNE 1 1917
Filed....., 191.... HARRY C. ANDREWS
Burial Permit Issuer.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Strangulation by hanging
Suicide
(Duration).....yrs.....mos.....ds.
CONTRIBUTORY (Secondary)
.....(Duration).....yrs.....mos.....ds.

(Signed) T. S. Steuart M. D.
(Coroner.)
June 1, 191... (Address) 312 N. Carrollton Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral
DATE OF BURIAL, June 7 1917
20-UNDERTAKER Geo W Little
ADDRESS 531 N Fremont Av

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5751

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

120 D 5751

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church, Howard & Lanvale Sts.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel C. White

(Residence in Baltimore: No. 520 N. Broadway St.; 25 yrs., ... mos. ..... ds.)

Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Apr. 15, 1841. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
76 yrs. 1 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, William White

11-BIRTHPLACE OF FATHER (State or Country), N C

12-MAIDEN NAME OF MOTHER Elizabeth Small

13-BIRTHPLACE OF MOTHER (State or Country), N C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Effie M. White

(Address) 520 N Broadway

15- Filed JUN 1 - 1917, 191.. HARRY O. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to June 1 1917, that I saw h[illegible] alive on June 1 1917, and that death occurred, on the date stated above, at 2 45 p. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis with general arterio-sclerosis.

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma anthracis

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) [illegible] M. D.

June 1., 191.7. (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 23 ds. In the State 25 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 3

Former or usual residence 520 N Broadway

19-PLACE OF BURIAL, OR REMOVAL, Raleigh N C. DATE OF BURIAL, June 1., 191.7.

20-UNDERTAKER Elliott E. Fuller ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

D 5752

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5752

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Dasch

(Residence in Baltimore: No. — In Hospital St.; — yrs., — mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 16th, 1864
(Month) (Day) (Year)

7-AGE, 53 yrs. — mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer OH
(b) General nature of industry, business, or establishment in which employed (or employer): in Copper Works

9-BIRTHPLACE, (State or Country), Balto. Co. Md.

PARENTS.

10-NAME OF FATHER, Andrew Dasch.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary Sauter

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Dasch

(Address) 3233 Elliott St.

15- Filed JUN 1 - 1917, 191. HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 28 1917, to May 29 1917, that I saw h— alive on May 29 191 7, and that death occurred, on the date stated above, at 1.15 P.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) — yrs. — mos. 7 ds.

(Signed) Frank C. Marcus M. D.

May 29, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 2 ds. In the State 53 yrs. — mos. 13 ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 3233 Ellicott St

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel

DATE OF BURIAL, June 1st, 1917.

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 N. Mayfield

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5753

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

89 ✓ D 5753

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 Eastern Ave ST. ..... WARD)

Registered No. C.....

2-FULL NAME Anna Frances Wagner

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2021 Eastern Ave St.; ..... yrs. 1 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH April (Month) 8 (Day), 1914 (Year)

7-AGE — yrs. 1 mos. 23 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Martin Wagner

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Amelia Farve

13-BIRTHPLACE OF MOTHER (State or country): Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Martin Wagner

(Address) 2021 Eastern Ave

15-

Filed JUN 1 - 1917 19.. HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May (Month) 31 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1917, to May 31 1917, that I saw h[illegible] alive on May 31 1917, and that death occurred, on the date stated above, at 12 [illegible] m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) — yrs. — mos. 4 ds.

Contributory (SECONDARY) .....

(Duration) — yrs. — mos. — ds.

(Signed) William H. Johnson M. D.

June 1 1917 [Address] 2016 Guilford Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holly Rosary — DATE OF BURIAL: June 1 1917

20-UNDERTAKER: Stephan J. Fialkowski — ADDRESS: 1019 S. Kenwood

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-2-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5751

CERTIFICATE OF DEATH.

90 D 5754

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Orleans ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Barnes

(Residence in Baltimore: No. 1809 Orleans St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	a.a	Single

6-DATE OF BIRTH, ... May (Month) 20 (Day) ....., 1916 (Year)

7-AGE, 1 yrs. 2 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George Barnes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Alice Giles

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Barnes

(Address) 1809 Orleans St

15- Filed JUN 1 - 1917, 191.. HARRY C. ANDREWS Registrar. Burial Permit Issued by N. Clark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) 30 (Day) ....., 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27, 1917, to May 30 1917, that I saw h[illegible] alive on May 29 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

.....Capillary Bronchitis.....

.....

.....

..... (Duration) ....yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

..... (Duration) 1 yrs. 2 mos. ....ds.

(Signed) J. C. K. Krieger M. D.

5/31/1917 (Address) 1529 Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

18-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, June 1., 191.7.

20-UNDERTAKER Mc Innis-Caldwell — ADDRESS 608 N Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5755

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 V

D 5755

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1012 Harford Ave 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Elizabeth Batterden

(Residence in Baltimore: No. 1012 Harford Ave SAME 49 yrs. 6 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH Nov 25, 1867 (Month) (Day) (Year)

7-AGE 49 yrs. 6 mos. 5 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Hswf.
(b) General nature of industry, business, or establishment in which employed (or employer) home wife 037

9-BIRTHPLACE (State or country) Ma. USA.

PARENTS

10-NAME OF FATHER Timothy Eagan

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Mary Brady

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Husband Joseph Batterden
(Address) 1012 Harford Ave

15. Filed JUN 2 - 1917, 191 ROBERT B. KRAUSE Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 31, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1917, to ..... 191 ..., that I saw h-er alive on May 31, 1917, and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemoplegy

(Duration) — yrs. — mos. — ds

Contributory (SECONDARY) Arteria Sclerosis

Insufficita (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Howard E. Meredith M. D.

....., 191..... (Address) 930 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	June 4, 1917
20-UNDERTAKER Elmer W. Coulbourn	ADDRESS 924 E. Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6758

168 D 6758

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

Registered No. C ...

1-PLACE OF DEATH
City of Baltimore (No. 3127 Baker St. 16 Ward)

2-FULL NAME Robert Brent Scott

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence if Baltimore: No. 3127 Baker St (St.; yrs., 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 3, 1870 (Month) (Day) (Year)

7-AGE, 47 yrs. 2 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....mdn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Draftman
(b) General nature of industry, business, or establishment in which employed (or employer): Q & A

9-BIRTHPLACE, (State or Country), Howard County

PARENTS.

10-NAME OF FATHER, William Scott

11-BIRTHPLACE OF FATHER (State or Country) Howard County

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Howard County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura E Scott

(Address) 3127 Baker Street

15-JUN 2 - 1917

Filed ....., 191.... ROBERT B. [illegible]

Burial Permit Issued.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 30, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Fall

Asphyxiation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Carbon Monoxide

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Wellington M. D.

(Coroner.)

May 31, 191... (Address) 8 W Pleasant

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR CREMATION. St Mary's Cemetery. DATE OF BURIAL, June 2, 1917

20-UNDERTAKER W. M. Cook ADDRESS 502 E Northern

NOTE.—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5757.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80 D 5757.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 611 n Curley St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Nelson.

(Residence in Baltimore: No. 611 n Curley St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ..., (Month) (Day) 1 (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sailor
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), Norway

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Norway

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Norway

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. Hester

(Address) N. E. Dist.

Filed JUN 2 - 1917 191.... ROBT. T. TEAGUE Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30 (Day), 191.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

....., 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death? 611 n Curley

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, June 2, 1917

20-UNDERTAKER Wm Cook — ADDRESS 502 E. North ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5758

HEALTH DEPARTMENT--CITY OF BALTIMORE, 1917

D 5758

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3411 Carlisle Ave ST. 15 WARD)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Irvin Dell

(Residence in Baltimore: No. 3411 Carlisle Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: February (Month) 6 (Day), 1869 (Year)

7-AGE: 48 yrs. 3 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Hat 066

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: William Wallace Dell

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Louise Bardle

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nellie E. Dell

(Address) 3411 Carlisle Ave

15-Filed JUN 2 - 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 31 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1917, to May 31 1917, that I saw h.. alive on May 31, 1917, and that death occurred, on the date stated above, at 0.50 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial nephritis

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Oedema of lungs

(Duration) yrs. mos. 1 ds.

(Signed) J. Frederick Leib M. D.

June 1, 1917 (Address) 2040 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: June 3 1917

20-UNDERTAKER: H. E. Hughes

ADDRESS: 12 S Broadway

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5759

CERTIFICATE OF DEATH.

28 ✓

D 5759

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N. Pearl ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard H. Queen

(Residence in Baltimore: No. 115 N. Pearl St.; 45 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, unknown ....., 1877
(Month) (Day) (Year)

7-AGE, 45 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Gen'l Labor

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Noah E. Queen

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Caroline Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Privette

(Address) 115 N. Pearl St.

15- Filed 2 1917, 191.... HARRY D. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 30th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26th 1917, to May 30th 1917, that I saw h.. alive on May 28th 1917, and that death occurred, on the date stated above, at 2:10 p.m.

The CAUSE OF DEATH* was as follows:

.....

.....

Pulmonary Tuberculosis (Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Pleurisy. Pulmonary Hypostasis

.....O..... (Duration) ....yrs. 1 mos. 15 ds.

(Signed) Edward Cathcart M. D.

May 31, 1917. (Address) 739 W. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemetery	June 2nd, 1917.
20-UNDERTAKER Geo. H. Hooper	ADDRESS 607 Little Pacas St

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5760

CERTIFICATE OF DEATH.

79 D 5760

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 E. Monument St.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joshua Wilkie

(Residence in Baltimore: No. 1511 E. Monument St.; —yrs., —mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored a. a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 1 (Day) ..... (Year)

7-AGE, 41 yrs. — mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sailor
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), West Indies

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), W. I.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mathew White

(Address) 1511 E. Monument St

15- JUN 2 - 1917 HARRY C. ANDREWS

Filed....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26, 1917, to June 1, 1917, that I saw h[illegible] alive on May 31, 1917, and that death occurred, on the date stated above, at 1:45 a.m.

The CAUSE OF DEATH* was as follows: Cardiac Asthenia

..... (Duration) ..yrs. ..mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

..... (Duration) ..yrs. ..mos. 10 ds.

(Signed) C. O. Brien M. D.

6/10/17, 191.7. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel

DATE OF BURIAL, ..., 191...

20-UNDERTAKER John W Henderson

ADDRESS 311 N. Caroline

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 115

D 5761

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Stump.

(Residence in Baltimore: No. University Hosp. St.; yrs., mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1873
(Month) (Day) (Year)

7-AGE, 44 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Adam Kechner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sarah Martin

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W C Brooke

(Address) Parks Baltimore Md

15- JUN 2 - 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1917, to Jun 1 1917, that I saw her alive on Jun 1 1917, and that death occurred, on the date stated above, at 9.15 m.

The CAUSE OF DEATH* was as follows:

Chronic rheumatoid arthritis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Seasonal Pneumonia following Operation (Duration) yrs. 7 mos. ds.

(Signed) W. Hunter Davidson M. D.

June 2, 1917. (Address) University Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Cockeysville, Md

19-PLACE OF BURIAL OR REMOVAL, Cockeysville Md — DATE OF BURIAL, JUN 2 - 1917

20-UNDERTAKER W C Brooke — ADDRESS Parks Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5762

HEALTH DEPARTMENT—CITY OF BALTIMORE

167

CERTIFICATE OF DEATH.

D 5762

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1406 Huber alley St.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Callon

(Residence in Baltimore: No. 1406 Huber alley St.: 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) Dont Know (Day), ... (Year)

7-AGE, 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... 137

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Burke

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Barrett

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Burke

(Address) 732 Plowman St

15- Filed JUN 2 - 1917 191.... HARRY O. ANDREWS Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally Burned to death

My Coal Plan

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) Thomas Ryan Jr. M. D. (Coroner.)

6/1, 191.7 (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem.

DATE OF BURIAL, June 2nd, 1917

20-UNDERTAKER M. L. Flynn

ADDRESS 1422 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5763

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hamilton D. Saxton.

(Residence in Baltimore: No. 2 mo 6 days St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. December 18, 1878
(Month) (Day) (Year)

7-AGE. 38 yrs. 5 mos. 14 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Hotel Manager
(b) General nature of industry, business, or establishment in which employed (or employer) O&B

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, David Saxton

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Laura J. Beuty

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Pleffy

(Address) Johns Hopkins Hosp

15- JUN 2 · 1917 HARRY O. ANDREWS
Filed ....., 191... Vital Statistics Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1st, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 26 1917, to June 1 1917, that I saw h[illegible] alive on June 1 1917, and that death occurred, on the date stated above, at 1 30 P. m.

The CAUSE OF DEATH* was as follows:
Subacute bacterial endocarditis

(Duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) A. S. Bloomfield M. D.

June 1, 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. 2 mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 304 Brooklyn Ave Brooklyn N.Y.

19-PLACE OF BURIAL OR REMOVAL, Brooklyn N. Y. DATE OF BURIAL, June 2, 1917

20-UNDERTAKER Alfred E. Hulle ADDRESS 221 N Broady

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5764

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 D 5764

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 6 E.Montgomery st. St. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clifford N.Dorrell

(Residence in Baltimore: No. 6 E.Montgomery st. St.; 7 yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug. (Month) 19 (Day) 1836 (Year)

7-AGE: 80 yrs. 9 mos. 13 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 015

9-BIRTHPLACE (State or country): Centreville Md.

PARENTS

10-NAME OF FATHER: James Dorrell

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Catharine Lucas

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emil Shomborg

(Address) 47 E.Montgomery

15- JUN 2 - 1917 (Filed) ..... 191 HARRY O. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 1/17. (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 22/17 ....., 191 ....., to, June 1/17 191 .....,
that I saw him alive on May 28/17. 191 .....,
and that death occurred, on the date stated above, at 10 A.M m.
The CAUSE OF DEATH* was as follows:

Arterio Capillary Fibrosis

..... (Duration) 15 yrs ..... mos ..... ds.

Contributory (SECONDARY) General Debility

(Duration) 10 yrs ..... mos ..... dys

(Signed) Henry Wade Chaney M. D.

June 2/17 ....., 191 ..... [Address] 933 Hanover st.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: BALTIMORE CEMETARY. DATE OF BURIAL: JUN 4- 1917

20-UNDERTAKER: ARMSTRONG-DENNY CO. ADDRESS: 715 Light

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5765 D 5765

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Hoy

Residence in Baltimore: No. Mt Airy, Md In Hospital St.; ..... yrs., ... mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, Unknown, 1913.
(Month) (Day) (Year)

7-AGE, 4 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Child
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Thomas Hoy.

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp Data

(Address) Green & Lombard St.

15-

Filed JUN 2 - 1917 by HARRY C. ANDREWS
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 1917, to May 31 1917, that I saw her alive on May 31 1917, and that death occurred, on the date stated above, at 9.45 p m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Kidney

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Surgical Shock

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) C. A. Reifschneider M. D.

6/1, 1917. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 10 ds. In the State Life mos. ..... ds.

Where was disease contracted, if not at place of death? Mt Airy Md

Former or usual residence Mt Airy Md

19-PLACE OF BURIAL OR REMOVAL, Woodville, Cem. Md. DATE OF BURIAL June 3, 1917.

20-UNDERTAKER E. B. Harle ADDRESS 15 E West St

over

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5766

HEALTH DEPARTMENT—CITY OF BALTIMORE

61 ✓+ D 5766

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 W Lombard St ST.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Fullum

Residence in Baltimore: No. 910 W Lombard St. St.; 6 yrs. 9 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Single

6-DATE OF BIRTH, September 3d, 1910. (Month) (Day) (Year)

7-AGE, 6 yrs. 9 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Frank Fullum

11-BIRTHPLACE OF FATHER, (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Catherine Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Katherine Fullum

(Address) 910 W Lombard St

Filed JUN 2 - 1917 191.....

HARRY C. ARDREY
Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 1917, to June 1 1917, that I saw h alive on May 31 1917 and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Cardio-Pleural Hemorrhage

Epilepsy

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

June 2, 1917 (Address) 828 W Lombard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudenstown Md

DATE OF BURIAL, June 2d, 1917

20-UNDERTAKER John J Cowgill Sons

ADDRESS 901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

65
D 5767.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 12

D 5767

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Halmmon Hospital ST.; WARD)

2-FULL NAME Roney Flute

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1310 N. Stricker St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colo

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1852 (Year)

7-AGE, 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Farmer 037
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Noah Duckett

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER McKeon

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan Duckett

(Address) 1310 N Stricker St

15- FILED JUN 2 - 1917 191.. HENRY C. ANDREWS, Burial Permit Clerk.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. All questions should be stated EXACTLY. PHYSICIANS should state

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Fracture of Skull

Accd

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Fall upon lung

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

June 2, 191.. (Address) 819 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 65 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1310 N Stricker St

19-PLACE OF BURIAL OR REMOVAL, Bowie Md. DATE OF BURIAL, June 2, 1917

20-UNDERTAKER Chas E. Franke ADDRESS 802 Madison Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 5768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5768

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 N Stricker ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisiana Brown

(Residence in Baltimore: No. 1336 N Stricker St ... St.; ... yrs., ... mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Unknown (Month) (Day) 1852 (Year)

7-AGE, 65 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home. 037

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Washington Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Harriett Kirby

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Brown

(Address) 1336 N. Stricker st

15- JUN 2 - 1917

Filed ..., 191... HARRY C. ANDREWS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 31 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/30 1917, to 5/31 1917, that I saw h— alive on 5/31 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(b) ... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Burkett M. D.

6/1, 1917 (Address) 213 S Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery

DATE OF BURIAL, JUN 3 -, 1917

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST.

D 5769.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39 5769

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Payne Muse

(Residence in Baltimore: No. 1025 Wagon alley St.: 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	married

6-DATE OF BIRTH, Unknown ....., 1882
(Month) (Day) (Year)

7-AGE, 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 035
(b) General nature of industry, business, or establishment in which employed (or employer): Hodcarrier.

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Payne Muse

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Alice King

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Warner

(Address) 684 Greenwilow st

15- Filed JUN 2 - 1917, 191.. HARRY O. ANDREWS Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suffocation from flow of blood in the trachea during anaesthesia accidental (Duration) ..... yrs. ..... mos. ..... ds. sudden

CONTRIBUTORY (Secondary) Carcinoma of Jaw

(Microscopic Exam.) (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Preston M. D.
(Coroner.)

June 4, 1917 (Address) 710 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place Franklin Square Hosp, In the of death ..... yrs. ..... mos. 2 ds. State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1025 wagon alley

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL JUN 2 - 1917, 19..

20-UNDERTAKER JAMES H. DENNIS ADDRESS 1303 PRESTMAN ST.

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5770

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5770

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 E Fairmount ave St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter A. Zimmerman

(Residence in Baltimore: No. 2213 Fairmount ave St.; 43 yrs., 10 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 15 (Day), 1873 (Year)

7-AGE, 43 yrs. 10 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Musician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John P. Zimmerman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catherine Spinder

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Zimmerman

(Address) 2213 E. Fairmount

15- Filed JUN 2 1917 HENRY C. ANDREWS, Registrar. 191..... Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 24 1917, to May 31, 1917, that I saw h~~im~~ alive on May 31, 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Diffuse tuberculosis

(Duration) yrs. 3 mos. 7 ds.

CONTRIBUTORY (Secondary) Respiratory Bilharz

(Duration) yrs. mos. 1 ds.

(Signed) G. G. Rusk M. D.

May 31, 1917. (Address) 2000 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem — DATE OF BURIAL, June 3, 1917

20-UNDERTAKER Philip Hennig — ADDRESS Dale & Adam

...ce properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5771

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5771

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 901 Bevan St. ST., 33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Raymond F.Hoffman.

(Residence in Baltimore: No. 901 Bevan St.)

St.; 11 yrs. 1 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, April 2nd. 1917. (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 30 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Charles F.Hoffman.

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Margaret E.Reeves.

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret E.Hoffman.(mother)

(Address) 901 Bevan St.

15- HARRY O. [illegible]

Filed JUN 2 - 1917 191.... Registrar. Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1st. 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.
Unknown.
(Duration) .....yrs. .....mos. .....ds.
CONTRIBUTORY (Secondary)
(Duration) .....yrs. .....mos. .....ds.

(Signed) Ste M Reinhardt (Coroner) M. D.

June. 2, 1917. (Address) 1018 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, June 2nd, 1917

20-UNDERTAKER Bechtoldt & Son — ADDRESS 1039 Hanover

D 5772

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 D 5772

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2422 E. North ave St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and nomber and fill out No. 18.)

2-FULL NAME Miriam Velma Stramberg

(Residence in Baltimore: No. 2422 E North ave St.; 1 yrs. 4 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan 26, 1917 (Month) (Day) (Year)

7-AGE: ..... yrs. 4 mos. 5 ds.

If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Chas A. Stramberg Jr

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mezian McKee

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas A Stramberg

(Address) 2422 E North Ave

JUN 2 - 1917

Filed ....., 191.....

HENRY O. ANDREWS
Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 31, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31, 1917 to, May 31 1917, that I saw her alive on May 31 1917, and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

(Abstruction Intestine, Intussusception)

..... (Duration) ..... yrs ..... mos. 4 ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos ..... ds.

(Signed), A. J. C. Kelm M. D.

June 1, 1917. [Address] 2757 Monument

* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Dallo Cemetery — DATE OF BURIAL: June 2, 1917

20-UNDERTAKER: Robt J Turner — ADDRESS 1422 Gay Bway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D[illegible] HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5773 ✓ D 5773

CERTIFICATE OF DEATH.

17

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1810 Hanover St. St.; 23 WARD)

2-FULL NAME Margaret G. Vogel.

(Residence in Baltimore: No. 1810 Hanover St. St.; yrs. 60 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	White	Widow.

6-DATE OF BIRTH, September 24th 1832, (Month) (Day) 1 (Year)

7-AGE, 84 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Kern

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Margaret Meyer.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin G. Vogel. (son)

(Address) 1810 Hanover St.

15- Filed June 2/17 191[illegible] ROBERT R. [illegible] Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2nd. 1917, (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Femur.
Accidental fall on pavement.
(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Shock.
(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

June 2, 1917 (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. DATE OF BURIAL, June 5 19 17

20-UNDERTAKER E and B Harle ADDRESS 116 E Mad St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5774

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5774

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Vincent Infant Asylum

CITY OF BALTIMORE: (No. 1401 Division St. ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas Garfield Johnson

(Residence in Baltimore: No. 1401 Division St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Wht	Single

6-DATE OF BIRTH, Oct. (Month) 23 (Day), 1915 (Year)

7-AGE, 1 yrs. 7 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 00

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 1401 Division St

15-

Filed JUN 2 - 1917, 191... HARRY O. ANDREWS

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to June 1st 1917, that I saw h[im] alive on ....191..., and that death occurred, on the date stated above, at....m.

The CAUSE OF DEATH* was as follows:

Syphilitic aryngitis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) Leonard N. C. Parker M. D.

....., 191... (Address) 825 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 7 mos. — ds. In the State Life yrs. mos. ds.

Where was disease contracted if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	June 2 1917
20-UNDERTAKER	ADDRESS
M Fahey & Sons	606 Lafayette Ave

important. See instructions on back of certificate.

...ce properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

D 5775

HEALTH DEPARTMENT—CITY OF BALTIMORE

80 D 5775

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Park Ave ST.: 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ansel Bamberger

(Residence in Baltimore: No. 1815 Park Ave St.; 70 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Feb 6 1835 (Month) (Day) (Year)

7-AGE: 82 yrs. 3 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 86
(b) General nature of industry, business, or establishment in which employed (or employer): Wholesale Notion

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Isaac Bamberger

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irving E. Bamberger

(Address) 18 15 Park Ave

15-

Filed JUN 2 - 1917 191.. HARRY C. ANDREWS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: June 1, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1917, to May 1917, that I saw h— alive on May 31 1917, and that death occurred, on the date stated above, at 109 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina pectoris

(Duration) yrs. mos. 1 ds.

(Signed) J. Frederick Lee M. D.

June 1, 191.7. (Address) 20 x Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Har Sinai Cem

DATE OF BURIAL: June 3, 191.7.

20-UNDERTAKER: David Londheim

ADDRESS: 11 W Mt Royal Ave

Please write plainly, as much of it may be properly important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—5-1913—M. & T.—500 Blks.

D 5772

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5776

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2035 Bentalou ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomas Bedford Jr

(Residence in Baltimore: No. 2035 N. Bentalou St: St.; 7 yrs., 8 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Wht.	Single

6-DATE OF BIRTH, August (Month) 18 (Day), 1914 (Year)

7-AGE, 2 yrs. 8 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Thomas Bedford

11-BIRTHPLACE OF FATHER (State or Country), Blair Md.

12-MAIDEN NAME OF MOTHER, Margaret Browning

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Bedford

(Address) 2035 Bentalou St

15- Filed JUN 2 - 1917 191.. HENRY O. HARRIS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1917, to June 1 1917, that I saw h[illegible] alive on June 1 1917, and that death occurred, on the date stated above, at 5-15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(Duration) yrs. mos. 28 ds.

(Signed) E.H. Bullyn M. D.

June 1, 1917. (Address) 222 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral. DATE OF BURIAL, June 4, 1917

20-UNDERTAKER Joseph B. Cook ADDRESS 1002 W. Balto St.

Fill in plain letters, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5777 — 135

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Kanner

(Residence in Baltimore: No. 1829 E. Balto St.; 21 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH March 13, 1882.
(Month) (Day) (Year)

7-AGE, 35 yrs. 2 mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Russia.

PARENTS.

10-NAME OF FATHER, Isaac Rosen

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Pauline Dalbzstein

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address) .....

15- FILED JUN 3 - 1917, 191.... ROBERT R. KRAUSER Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1917, to June 2 1917, that I saw h... alive on June 2 1917, and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Post partum Hemorrhage from

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Decubitus

Anemia (Duration) ... yrs. 1 mos. ... ds.

(Signed) I. H. Schmidt M. D.

6-2, 191.. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 28 ds. In the State 21 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence 1829 E. Balto St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Friendship Cem	6/4, 1917.
20-UNDERTAKER Jack Lewis	ADDRESS 1411 E Balto

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5778

CERTIFICATE OF DEATH.

D 5778

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 Shrewsbury Home ST.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Kaplan

(Residence in Baltimore: No. 11 Ainsworth St ST.; ...yrs.,...mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Widow

6-DATE OF BIRTH, Unknown, 1827
(Month) (Day) (Year)

7-AGE, 90 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J Lewis

(Address)..... 1411 E Balto St

15-

Filed JUN 3 1917 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1917, to June 2 1917, that I saw her alive on June 2 1917, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) W. J. Baylin M. D.

June 2, 191.. (Address) 227 Ainsworth

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 1 mos. ..... ds. In the State 26 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 623 S. Sharp St

19-PLACE OF BURIAL OR REMOVAL, Adams Washington Rd. DATE OF BURIAL JUN 3 1917

20-UNDERTAKER Jack Lewis ADDRESS 1411 E. Balto

important. See instructions on back of certificate.

Spec.—8.24.14—M. & T.—2000 Bks.

61 years

D 5779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5779.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 Aisquith ST., 5 WARD) REGISTERED No. C 79

2-FULL NAME Isaac Epstein

(Residence in Baltimore: No. 111 Aisquith St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 29 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, ..., (Month) ....., 1 (Day) ..... (Year)

7-AGE, 61 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Merchant
(b) General nature of industry, business, or establishment in which employed (or employer). Own

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barney A. Epstein

(Address) 620 Fifth Ave. N. W. Wash. D.C.

15-

Filed JUN 3 1917, 191... ROBERT B. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 1 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1916, to May 1917, that I saw him alive on May 29 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) M. J. Brayton M. D.

6/1-, 191 7. (Address) 212 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 111 Aisquith St

Former or usual residence 111 Aisquith St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herring Run

DATE OF BURIAL, June 3, 1917

20-UNDERTAKER S. Levinson & Bro.

ADDRESS 110 E Balto St

important. See instructions on back of certificate.

D 5780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

D 5780

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 823 Hollins ST.: 18 WARD)
REGISTERED No. C.....

2-FULL NAME John Dubouis (Dubouis)
(Residence in Baltimore: No. 823 Hollins St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White	Single

6-DATE OF BIRTH, May (Month) 14 (Day), 17 (Year)

7-AGE, ...yrs. 18 mos. ....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER. John. Dubouis

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Anna. Kuskerk

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John. Grebliauckas
(Address) 427 S. Paca

JUN 3 - 1917

Filed....., 191.... ROBERT R. KRAUSE
Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Congenital Cardiac Malformation

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Gilbert D. Arscott M. D.
(Coroner)
June 7, 1917 (Address) 317 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Stanislaus	June 7, 1917
20-UNDERTAKER	ADDRESS
John Grebliauckas	425 S. Paca St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

D 5781

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

D 5781

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 114 W. Perry ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of John & Annie Shields

(Residence in Baltimore: No. 114 W. Perry St.; yrs. mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	

6-DATE OF BIRTH: May (Month) 28 (Day), 1917 (Year)

7-AGE: ..... yrs. ..... mos. 2 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: John Shields

11-BIRTHPLACE OF FATHER (State or country): N.C

12-MAIDEN NAME OF MOTHER: Annie Smith

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Shields

(Address) 114 W Perry St.

15- Filed JUN 3 - 1917 ROBERT R. KRAUTER REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28, 1917 to, June 1 1917, that I saw h.... alive on June 1 1917, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Guy Bowley M. D.

May 6th, 1917. [Address] 136 Eastern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: June 3, 1917

20-UNDERTAKER: N. E. Brown & Son — ADDRESS: 1811 N. Monty St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 B'ls.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5782

REGISTERED No. C 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 N. Central ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Lucas

(Residence in Baltimore: No. 841 N. Central Ave St.; 50 yrs., 5 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 25, 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. 5 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retail dealer in
(b) General nature of industry, business, or establishment in which employed (or employer): cigars & candies

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lena Lucas

(Address) 841 N. Central Ave

15-Filed JUN 3 - 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5 1916, to June 1 1917, that I saw him alive on June 1 1917, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) — yrs. 1 mos. — ds.

(Signed) Wm. H. Hoeck M. D.

June 6 1917 (Address) 9365 Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Old Lawn Cemetery

DATE OF BURIAL, June 4, 1917

20-UNDERTAKER Henry Hoeck Sons

ADDRESS 1301 E. Eager St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5783

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5783

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2238 E Biddle ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Douglas V. Hall

(Residence in Baltimore: No. 2238 E. Biddle St.; 63 yrs., 1 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married.

6-DATE OF BIRTH. Apr. 5th, 1854
(Month) (Day) (Year)

7-AGE. 63 yrs. 1 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 1061

9-BIRTHPLACE, (State or Country), Balto md.

PARENTS.

10-NAME OF FATHER, Robert L. Hall

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary A Riley

13-BIRTHPLACE OF MOTHER (State or Country). Balto md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Rose R. Hall

(Address) 2238 E. Biddle St.

15. JUN 3 - 1917
Filed....., 191.... ROBERT B. KRAMER
Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2nd, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 1916, to June 2nd 1917, that I saw him alive on June 1st, 1917, and that death occurred, on the date stated above, at 3:20 m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia and
Atrophia Adiposa of Liver

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY.....
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert E. Sing M. D.

June 3rd, 1917. (Address) 1613 E. Monument Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Olivet Cemetery	June 4., 191..
20-UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Fayette

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5784

HEALTH DEPARTMENT—CITY OF BALTIMORE

40

D 5781

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 S. Rose ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Steininger

(Residence in Baltimore: No. 518 S. Rose St.; 35 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. 29th, 1849 (Month) (Day) (Year)

7-AGE, 67 yrs. 8 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer in Factory
(b) General nature of industry, business, or establishment in which employed (or employer) Worked. 640

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Hellermann

(Address) 522 S. Rose St.

15-

Filed JUN 3 1917 191.... ROBERT R. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1st, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 2nd 1916, to June 1st 1917, that I saw h[e] alive on June 1st 1917, and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. 14 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Herman J. Siemens M. D.

June 1, 1917. (Address) 1900 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart

DATE OF BURIAL, June 4, 1917.

20-UNDERTAKER Lilly & Geiler

ADDRESS 403 S. Wolfe St.

important. See instructions on back of certificate.

D 5785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1917 D 5785

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1407 E Modisin St. 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mannie Gindra

(Residence in Baltimore: No. 1407 E Modisin St.; yrs., 18 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	single

6-DATE OF BIRTH, June (Month) 7 (Day), 1899 (Year)

7-AGE, 18 yrs. 3 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dancer
(b) General nature of industry, business, or establishment in which employed (or employer): work.

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Max Gindra

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Kreber

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Gindra

(Address) 1407 E Modisin

15- JUN 3. 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abortion

Self Induced

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Duration) yrs. mos. ds.

(Signed) H. Mortimer Duke (Coroner)

June 2 191 7 (Address) 1 W Mt Vernon Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 18 yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	June 3., 1917.

20-UNDERTAKER Frank Crack Son ADDRESS 1900 E Fayette

D 5726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+17

1-PLACE OF DEATH

REGISTERED No. C D 5726

CITY OF BALTIMORE (No. 1 Guy & Hayward St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Young,

(Residence in Baltimore: No. 11 S Eleventh St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Boy

6-DATE OF BIRTH, ... Oct 17 ....., 1908
(Month) (Day) (Year)

7-AGE, ... 8 ..... yrs. 7 ..... mos. 14 ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... School Boy .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... 086 .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Chas Gaunt

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eva Williams

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Gaunt

(Address) 11 S 11th St.

15- Filed JUN 3 - 1917, 191.... ROBERT R. KRAUTER Registrar
Burial Permit ....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June ..... 1 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism, fall off Porch Accident (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) M. D.

June 7, 191.7 (Address) 1917

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 8 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Highlandtown Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
All Saints Cem. Restertown	June 9 1917
20-UNDERTAKER M. J. Flynn	ADDRESS 1452 Light St

D 5787.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

D 5787.

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3011 Frisbie St.; 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Katherine Maranto

(Residence in Baltimore: No. 3011 Frisbie St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH June 1, 1917 (Month) (Day) (Year)

7 AGE ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 0

9 BIRTHPLACE (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Joseph Maranto

11 BIRTHPLACE OF FATHER (State or country) Italy

12 MAIDEN NAME OF MOTHER Catherine Gillin

13 BIRTHPLACE OF MOTHER (State or country) Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Katherine Maranto

(Address) 3011 N. Frisbie St

15 FILED JUN 3 - 1917. ROBERT B. KRAUTER Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 1 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1917, to June 1 1917, that I saw h[er] alive on June 1, 1917, and that death occurred, on the date stated above, at 4.30 p.m.
The CAUSE OF DEATH* was as follows:

Fotus of 5 months
Mis gestation
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L H Robinson M. D.
June 2, 1917. (Address) 1762 Ruxton Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death?
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL St. Peters Cem. DATE OF BURIAL June 3, 1917.

20 UNDERTAKER M. D. Elgin ADDRESS 1422 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Eks.

D 5788

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5788

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Mitchell

(Residence in Baltimore: No. 1339 Stockton St. St.; 1 yrs. 6 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. 16, 1915. (Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Russell Walters

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lucy Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry T. Sternberg

(Address) Johns Hopkins Hosp

15- Filed JUN 3 - 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1917, to June 1 1917, that I saw her alive on June 1 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

tuberculosis, generalized

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

none (Duration) yrs. mos. ds.

(Signed) H. T. Sternberg M. D.

June 2, 1917. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1339 Stockton St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, June 4, 1917.

20-UNDERTAKER Edward Ringgold — ADDRESS 1463 Eager St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Michael Cavalier

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5789

CERTIFICATE OF DEATH.

91

D 5789

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 E Pratt St. 2 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michl Cavalier

(Residence in Baltimore: No. 825 E Pratt St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, November 28, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 6 mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Rafiel Cavalier

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rafel Cini

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rafael Cavalier

(Address) 825 E. Pratt St.

15- Filed JUN 3 - 1917, 191.... ROBERT R. KRAUTH Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1917, to June 1 1917, that I saw h.. alive on June 1 1917, and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Weinberg M. D.

June 1, 191.7 (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincents

DATE OF BURIAL, June 3..., 191.7

20-UNDERTAKER Kendall Appleton

ADDRESS 378 Mn

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Important. See instructions on back of certificate. Entry of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

D 5790

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5790

+123

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allie Boykin

(Residence in Baltimore: No. 29 days St.; ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ...Feb....8...., 1883.
(Month) (Day) (Year)

7-AGE, ...34....yrs. 3....mos. 23....da.

If LESS than 1 day, ...hrs. or ....mtn.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... R.R. Man
(b) General nature of industry, business, or establishment in which employed (or employer)..... 073

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. Frank Boykin

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Ellen Chandler

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F.M. Hardy

(Address) Johns Hopkins Hospital

15- Filed JUN 3 1917 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...June....3...., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1917 to June 3 1917, that I saw h-im alive on June 3 1917, and that death occurred, on the date stated above, at 12½ a m.

The CAUSE OF DEATH* was as follows:

Hydro-pneumothorax

Bronchio-pneumonia

(Duration) ....yrs. ....mos. 9 ....da.

CONTRIBUTORY. (Secondary) Tuberculosis

(Duration) ....yrs. 2 ....mos. ....da.

(Signed) J. Edward Pierce M. D.

June 3 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence Burdette Va

19-PLACE OF BURIAL OR REMOVAL. Burdette Va

DATE OF BURIAL, June 3 1917.

20-UNDERTAKER Chas. E. Evans & Son

ADDRESS 118 West Royal Ave

D 5791

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5791

CERTIFICATE OF DEATH.

1917

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Lexington Ew Howard ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther May Davis

(Residence in Baltimore: No. 441 N Mellon Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... January 21, 1899
(Month) (Day) (Year)

7-AGE, ... 18 yrs. 4 mos. 11 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book keeper
(b) General nature of industry, business, or establishment in which employed (or employer): 008

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.
10-NAME OF FATHER, Jefferson Davis
11-BIRTHPLACE OF FATHER (State or Country), Virginia
12-MAIDEN NAME OF MOTHER Rose Stork
13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Ethel E. Davis
(Address) 441 N Mc'Clon Ave

15-
FILED JUN 3 1917 BY ..... ROBERT B. KRAUTH ..... Registrar.
Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: From Shock following Fracture Cervical Vertebrae, also Internal Injuries, Caused by being Caught in an Elevator

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. Clark S. Driscoll M. D.
(Coroner.)
June 3 1917 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Oak Lawn
DATE OF BURIAL, June 5. 1917
UNDERTAKER Philip Herrig
ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5792 — 149 — D 5792

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Brandt

(Residence in Baltimore: No. 2113 Vine Street St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June 7, (Month) (Day) 1917 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 100

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Brandt

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margie Rich

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hosp

15-JUN 3 1917 Filed....., 191.. ROBERT B. KRAUTH Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1917 to June 2 1917, that I saw h[illegible] alive on June 2 1917, and that death occurred, on the date stated above, at 12:15 p.m.

The CAUSE OF DEATH* was as follows:

Amyotonia congenita

(Duration) yrs. 1 mos. 26 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry B. Conrad M. D.

June 7, 1917. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 6 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? L

Former or usual residence 2113 Vine St

19-PLACE OF BURIAL OR REMOVAL, Fulton Cem DATE OF BURIAL, June 7, 1917

20-UNDERTAKER George A Foley ADDRESS Fulton & Fayette

Important. See instructions on back of certificate. Any statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5793 61

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Johns Hopkins Hospital ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Mueller

(Residence in Baltimore: No. 2444 E Preston St St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov. 12, 1912
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
4 yrs. 6 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Simon Mueller

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Henriette Brockman

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Hardy

(Address) Johns Hopkins Hospital

15- Filed JUN 4 - 1917 191... ROBERT R. KRAUTER Registrar
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1917, to June 3 1917, that I saw h.. alive on June 3 1917, and that death occurred, on the date stated above, at 3.10 p.m.

The CAUSE OF DEATH* was as follows:

Meningitis meningococcus

(Duration) 0 yrs. 0 mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry B. Conrad M. D.

June 3, 1917 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2444 E Preston St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, June 5, 1917

20-UNDERTAKER Wm. A. Rohde & Son ADDRESS

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5791 — 189 — D 5791

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3204 Baker ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Witte

(Residence in Baltimore: No. 3204 Baker St.; 1 yrs. 4 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: January 6 (Month) (Day) 1916 (Year)

7-AGE: 1 yrs. 4 mos. 26 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 00

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Rudolph Witte

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Ethel Rutzill

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rudolph Witte

(Address) 3204 Baker St

15 Filed JUN 4 - 1917, 191 — ROBERT R. KRAUS... Registrar — Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 2 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 18th, 1917, to June 2 1917, that I saw h.. alive on June 1 1917, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Congestion of Lungs

(Duration) ... yrs ... mos. 1 ds.

Contributory (SECONDARY) Exhaustion

(Duration) ... yrs. 7 mos. 15 ds.

(Signed) H. Hershberg M. D.

June 3rd 1917 [Address] 1228 Hollins

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	June 4 1917
20-UNDERTAKER	ADDRESS
Schroeder & Son	1059 N. Eutaw St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5795

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5795

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 722 Stockholm St.; WARD) 21 79

2-FULL NAME Mary T. Dudley

(Residence in Baltimore: No. 722 Stockholm St.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

51 4 30

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	W	Widow

6-DATE OF BIRTH, July 1, 1866
(Month) (Day) (Year)

7-AGE, 51 yrs. 4 mos. 30 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Thomas Lamon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Mc

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Dudley

(Address) 722 Stockholm

15- JUN 4 1917 Filed....., 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Tabular Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) A. J. Driscoll

June 3 191 7. (Coroner) 312 N Carrollton Ave M. D.

(Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Peters Cem	June 4 1917
20-UNDERTAKER	ADDRESS
M. D. Flynn	1422 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

105796

HEALTH DEPARTMENT—CITY OF BALTIMORE

105796

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 16 E. Centre ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa J. Phelan

(Residence in Baltimore: No. 16 E. Centre St.; 82 yrs., 1 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, April 23, 1835
(Month) (Day) (Year)

7-AGE, 82 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wife 000

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Pierre Foudrat

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Mary J. Rougeuet

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emily Foudrat

(Address) 722 N. Howard St.

15- JUN 4 - 1917 ROBERT E. KRAUTH

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1917, to June 3 1917, that I saw h.. alive on June 1 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Valvular heart dis. with Nephritis

Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intramural

(Duration) yrs. mos. ds.

(Signed) R. B. Wampler M. D.

June 4th, 191.7. (Address) 845 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem. DATE OF BURIAL, June 6, 191.7

20-UNDERTAKER John J. Conway Co. ADDRESS 901 Hollins

Important. See instructions on back of certificate. Property Engineer: exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5797

CERTIFICATE OF DEATH.

D 5797

62

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 N. Bond St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Leffler

(Residence in Baltimore: No. 1703 N. Bond St.; ....yrs., ...mos. ....ds.)

Property examined. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M.

4-COLOR OR RACE, W.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 3, 1872
(Month) (Day) (Year)

7-AGE, 45 yrs. 1 mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): 004

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ludwig Leffler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Susan Greibel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Leffler

(Address) 1703 N. Bond

15- JUN 4 1917 ROBERT R. KRAUTER

Filed ....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1916, to June 3 1917, that I saw him alive on June 2 1917, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Exhaustion & Locomotor Ataxia

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pulm. Tuberculosis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) R. C. Carman M. D.

June 3, 191.. (Address) 1701 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County

DATE OF BURIAL, June 5, 191..

20-UNDERTAKER Fickler & Pickler

ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

D 5798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 5798

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 So. Madeira ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Litwinska.

(Residence in Baltimore: No. 234 So. Madeira St.; 16 yrs. 8 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept (Month) 27 (Day), 1900 (Year)

7-AGE,	If LESS than 1 day,
16 yrs. 8 mos. 6 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Helping out with
(b) General nature of industry, business, or establishment in which employed (or employer): house work at the home

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Litwinski.

11-BIRTHPLACE OF FATHER (State or Country), Austria Poland

12-MAIDEN NAME OF MOTHER Anna Piskor.

13-BIRTHPLACE OF MOTHER (State or Country), Austria Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Litwinski.

(Address) 234 S. Madeira St.

15- JUN 4 1917 ROBERT L. KRAUTER

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 191.., to June 2, 191.., that I saw h.. alive on June 2, 191.., and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Acute Dilation of Heart

(Duration).....yrs.....mos.....ds.

(Signed) Dr. A. Kramer M. D.

June 4, 191.. (Address) 1255 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus Cem.	June 5, 1917
20-UNDERTAKER W. F. Sadowski	ADDRESS 905 S. Ann St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5799 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5799

CERTIFICATE OF DEATH.

61

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 E. Eager ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Verdiramo

(Residence in Baltimore: No. 614 E. Eager St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED.~~ (~~Write~~ the word.) Married

6-DATE OF BIRTH, Dec. (Month) 16th (Day) 1889 (Year)

7-AGE, 27 yrs. 5 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Barber
(b) General nature of industry, business, or establishment in which employed (or employer)..... 004

9-BIRTHPLACE, (State or Country), Italy.

PARENTS.

10-NAME OF FATHER, Innizio Verdiramo

11-BIRTHPLACE OF FATHER (State or Country), Italy -

12-MAIDEN NAME OF MOTHER Teresa Piazza

13-BIRTHPLACE OF MOTHER (State or Country), Italy -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... John Russo

(Address)..... 614 E. Eager St

JUN 4 1917

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 2 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-25 1917, to 6-3 1917, that I saw h... alive on 6-2 1917, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cerebro Spinal Meningitis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) U. C. S. Mastoid

(Duration) yrs. mos. 8 ds.

(Signed) S. Krasnansky M. D.

June 3, 1917. (Address) 160 Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincent Cemetery	June 4, 1917.
20-UNDERTAKER	ADDRESS
George J. Reith	735 Hanford Ave.

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5800

CERTIFICATE OF DEATH.

150

D 5800

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1734 Patapsco ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer Adams

(Residence in Baltimore: No. 1734 Patapsco St.; ....yrs., mos.. 1 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 3 (Day) 1917 (Year)

7-AGE, ...yrs.....mos...1.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Lambert Adams

11-BIRTHPLACE OF FATHER (State or Country), Dorchester Co Md

12-MAIDEN NAME OF MOTHER Emily Lyter

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lambert Adams

(Address) 1734 Patapsco St

15- JUN 4 1917 ROBERT R. KRAUTH

Filed ....., 191.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 4 (Day) 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 3, 1917, to June 4 1917, that I saw h.. alive on June 3 1917, and that death occurred, on the date stated above, at 6 4 m.

The CAUSE OF DEATH* was as follows:

Patent foramen ovale

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. F. Hawkins M. D.

6-4-, 191.7 (Address) 19 Kendall Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hooper's Island

DATE OF BURIAL, 6/5, 191.7

20-UNDERTAKER J. Fow McCully

ADDRESS 130 E Fort

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

D 5801

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5801

28

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 2516 N. Calvert 12 ST.; ..... WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Kendall, Jr.

(Residence in Baltimore: No. 2516 N. Calvert St.; 49 yrs. 10 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: July (Month) 4 (Day), 1867 (Year)

7-AGE: 49 yrs. 10 mos. 28 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Promoter 086
(b) General nature of industry, business, or establishment in which employed (or employer): Real Estate &c

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: George Kendall

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Mary E. Dinsmore

13-BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Kendall (mother)

(Address) 2516 N. Calvert St.

15- [illegible] R. TRAUTH

Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 2nd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1917, to June 2nd, 1917, that I saw him alive on June 2nd, 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. M. Bowie Baker M. D.

June 4, 1917 (Address) 209 Madison ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: June 4 1917

20-UNDERTAKER: H. E. Keyser

ADDRESS: 175 S. Broadway

over

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5802

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5802

CERTIFICATE OF DEATH.

90

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 E. Biddle ST.; 10 WARD)

2-FULL NAME Earl Mardaga

(Residence in Baltimore: No. 1220 E Biddle St. St.; 64 yrs., \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH. August 17th, 1829. (Month) (Day) (Year)

7-AGE. 87 yrs. 9 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Retired Tailor (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Earl F. Ebaugh

(Address) 1220 E. Biddle St.

15- JUN 4 - 1917 COSMA R. KRAUTH

Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 2nd, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19th, 1917, to June 2nd, 1917, that I saw h alive on June 2nd, 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) ....yrs. ....mos. 18 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) S. D. Elbon M. D.

June 3 191.7 (Address) 1501 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. June 5... 191.7

20-UNDERTAKER Henry Hauck Son

ADDRESS 1301 E. Eager St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5803 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ – D 5803

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B Robinson

(Residence in Baltimore: No. 912 N Arlington Ave St.; ....yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, March 7, 1835 (Month) (Day) (Year)

7-AGE, 82 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Doctor
(b) General nature of industry, business, or establishment in which employed (or employer): 154

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thornton ? ?

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Priscilla Atwell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Hardy

(Address) Johns Hopkins Hospital

15- JUN 4 - 1917 ROBERT R. KRAUTER

Filed ....., 191. BURIAL PERMIT ISSUED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24 1917, to June 2 1917, that I saw him alive on June 2 1917, and that death occurred, on the date stated above, at 7.00 p. m.

The CAUSE OF DEATH* was as follows:

(a) Cancer of Pancreas

Clinical

(Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(Duration) ....yrs. 2 mos. 7 ds.

(Signed) A B Rawlings M. D.

June 2, 1917. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. 9 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 912 N Arlington Ave

19-PLACE OF BURIAL OR REMOVAL Loudon Hill DATE OF BURIAL, June 5, 1917.

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St.

Important. See instructions on back of certificate. Cause of death must be stated. Indefinite terms, such as "Old Age," "Debility," "Exhaustion," "Heart Failure," "Convulsions," "Paralysis," "Uremia," "Cancer," "Tumor," "Abscess," "Childbirth," "Accident," "Fracture," "Drowning," "Homicide," "Suicide," "Found Dead," "Burns," "Scalds," "Asphyxia," "Meningitis," "Pneumonia," "Bronchitis," "Pleurisy," "Hemorrhage," "Jaundice," "Dropsy," "Tuberculosis," "Consumption," "Hernia," "Appendicitis," "Peritonitis," "Blood Poisoning," "Septicemia," "Pyemia," "Carcinoma," "Sarcoma," "Malignant Disease," "Locomotor Ataxia," "Epilepsy," "Apoplexy," "Cerebral Hemorrhage," "Cerebral Embolism," "Cerebral Thrombosis," "Cerebral Softening," "Cerebral Abscess," "Cerebral Tumor," "Cerebral Meningitis

D 5804

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 D 5804

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 608 N Monroe ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Emma Lowe

(Residence in Baltimore: No. 608 N Monroe St.; 46 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH July 4, 1863 (Month) (Day) (Year)

7 AGE 53 yrs. 10 mos. 29 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work House-work
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9 BIRTHPLACE (State or country) Dorchester Co Md

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (State or country) Not Known

12 MAIDEN NAME OF MOTHER Mary Craig

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George B Lowe

(Address) 608 N. Monroe St

15 JUN 4 1917 Filed ..... 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 2, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1917, to June 2 1917, that I saw h— alive on June 2, 1917, and that death occurred, on the date stated above. at 7 P m.
The CAUSE OF DEATH* was as follows:

Sarcoma of Left Kidney

Clinical (Duration) ... yrs. 2 mos. 12 ds

Contributory (SECONDARY) ..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Herbert C Blake M. D.

June 4, 1917 (Address) 1014 W Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Beulah Cemetery Dorchester Co Md — DATE OF BURIAL June 5 1917

20 UNDERTAKER Armstrong Denny Co — ADDRESS 715 Lights

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109 D 5805

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 310 N. Bruce ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Butler

(Residence in Baltimore: No. 310 N. Bruce St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Yes

6-DATE OF BIRTH. ..... 1881 ....., 1881
(Month) (Day) (Year)

7-AGE, 36 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

9-BIRTHPLACE. (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Abraham Chaney

11-BIRTHPLACE OF FATHER (State or Country), Georgia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Butler

(Address) 310 N. Bruce St.

15- JUN 4 - 1917

Filed ....., 191. ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31 1917, to June 1 1917, that I saw h er alive on June 1 1917, and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

.....

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Error in Diet, Bronchitis

5 Days (Duration) ....yrs. ....mos. 5 ds.

(Signed) W. H. Montagne M. D.

June 3., 1917. (Address) 203 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, June 5., 191.7

20-UNDERTAKER Brown & Sinsand

ADDRESS 114 N. Schroeder St.

important. See instructions on back of certificate.

D 5806

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5806

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hakemanor Hospital St. 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME East Lizzy Bell (Col)

(Residence in Baltimore: No. Westminster, Md St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Mch 25, 1902 (Month) (Day) (Year)

7-AGE. 15 yrs. 2 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): 086

014

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Jacob Bell (Colored)

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Martha Beckett

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Brother

(Address) Westminster Md

15- JUN 4 - 1917 ROBERT B. KRAUTER

Filed....., 191.. Burial Permit Obtained

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot wound of Neck

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Fell striking floor

2nd days (Duration) yrs. mos. ds.

(Signed) Chas. Smith M. D.

(Coroner.) June 4, 1917 (Address) Westminster Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State. Yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Westminster Md DATE OF BURIAL, JUN 7 1917

20-UNDERTAKER Wm J. Dickens & Sons ADDRESS Balto

Spec.—5-19-13—M. & T.—500 Bks.

D 5807. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 D 5807.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 Dargent St.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie May Mueller

(Residence in Baltimore: No. 1130 Dargent St.; 2 yrs., 3 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 31 (Day), 1893 (Year)

7-AGE, 24 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife 069
(b) General nature of industry, business, or establishment in which employed (or employer): (Sigel Rothschild Co.)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Mueller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary E Uebel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob J. Mueller

(Address) 1130 Sargeant St.

15- JUN 4 - 1917 ROBERT R. PRACHER

Filed ....., 191.... Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1917, to June 3 1917, that I saw her alive on June 3 1917, and that death occurred, on the date stated above, at 12.45 p.m.

The CAUSE OF DEATH* was as follows:

Mass of Stomach
Perforative Hemorrhage

(Duration) yrs. mos. 18 hours ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Marshall G. Smith M. D.

June 3, 1917. (Address) 118 N Calhoun St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, June 6, 1917

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W Balto St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5808 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5808

CERTIFICATE OF DEATH.

126

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 14 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Sherbert

(Residence in Baltimore: No. 303 Freeman St St.; 65 yrs., ... mos. ..... ds.)

Important. See instructions on back of certificate. Entries must be made in ink. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... June (Month) 2d (Day) 1851. (Year)

7-AGE, 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Flour Mfg

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joseph H. Sherbert

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jane ? Crandell

13-BIRTHPLACE OF MOTHER (State or Country), Md ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Hardy

(Address) Johns Hopkins Hospital

15- JUN 4 1917

Filed ....., 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 3 (Day) ....., 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1917, to June 3 1917, that I saw him alive on June 3 1917, and that death occurred, on the date stated above, at 1.40 a.m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy

..... (Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) 7 yrs. ..... mos. 5 ds.

(Signed) J. Edward Brown M. D.

June 3 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. 4 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 303 Freeman St

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, June 5, 1917.

20-UNDERTAKER H. Allen Fuller — ADDRESS 3517 Gwynn Av.

D 5809 HEALTH DEPARTMENT--CITY OF BALTIMORE D 5809

CERTIFICATE OF DEATH

120

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE (No. 2804 N. Calvert ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Heckman

(Residence in Baltimore: No. 2804 N. Calvert St.; 66 yrs. 6 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Nov. 6, 1850 (Month) (Day) (Year)

7-AGE: 66 yrs. 6 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman 066
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods House

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: John H Heckman

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Meta Dahnhaus

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Laura L Heckman

(Address) 2804 N Calvert St

15. Filed JUN 4 - 1917, 191.....

HARRY C. ANGELL
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 2nd (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 31st, 1917, to, June 2nd 1917, that I saw him alive on June 2nd, 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Stokes-Adams Syndrome)

(Duration) — yrs. — mos. 30 ds

Contributory (SECONDARY) Chronic Interstitial Nephritis

(Duration) 3 yrs. — mos. — ds.

(Signed), Charles Lee M. D.

June 2nd, 1917. (Address) 1111 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: June 5, 1917

20-UNDERTAKER: N. Maurice Routzon ADDRESS: 230 N Greene

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5810

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5810

REGISTERED NO. C 79

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 W 36 St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Peoples

(Residence in Baltimore: No. 1508 W. 36th St. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female | 4-COLOR OR RACE: Mulatto | 5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: (Month) June (Day) 18, (Year) 1851

7-AGE: 66 yrs. 1 mos. 16 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): N Carolina

PARENTS

10-NAME OF FATHER: James Kendall

11-BIRTHPLACE OF FATHER (State or country): N Carolina

12-MAIDEN NAME OF MOTHER: Margaret Howard

13-BIRTHPLACE OF MOTHER (State or country): N Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Paul Peoples

(Address): 1508 W. 36th St

15- Filed JUN 4 1917 1917

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: (Month) June (Day) 3, (Year) 1917

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1917, to, June 3 1917, that I saw h[illegible] alive on June 2 1917 and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

Exhaustion (Duration) 3 yrs mos ds.

Contributory (SECONDARY) Hypostatic Congestion of Lungs (Duration) yrs. mos. 7 ds.

(Signed) Vernon O'Kelly M. D.

June 3 1917 [Address] 3705 Falls Road

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Bristle Cem. Balto Co. DATE OF BURIAL: June 5 1917

20-UNDERTAKER: John J Cowan & Son ADDRESS: 902 Hollins St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5811

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 5811

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 668 Mulberry ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Cobb.

(Residence in Baltimore: No. 668 Mulberry St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... 1891 ....., 1 .....
(Month) (Day) (Year)

7-AGE, 26 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework .....
(b) General nature of industry, business, or establishment in which employed (or employer) D.3.7

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Cobb

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary E. Porter

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Porter

(Address) 668 Mulberry ST.

15-

Filed ..... 191.....

JUN 4 1917

HARRY C. ANDREWS
Burial Permit Clerk.

JUN 4 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2d, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1st 191 7, to June 2d 191 7, that I saw h alive on June 2nd 191 7, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Larynx

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Tuberculosis Lungs

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Tracy Ellis M. D.

6/4, 191 7. (Address) 724 Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Harmon Spruce Leo

DATE OF BURIAL, June 6, 191 7.

20-UNDERTAKER Charles B. Jones

ADDRESS 239 W. Pratt St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5812

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5812

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 W. Mulberry ST.) 19 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phyllis McCallister

(Residence in Baltimore: No. 1502 W. Mulberry St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Dec. 4, 1843
(Month) (Day) (Year)

7-AGE, 73 yrs. 5 mos. 27 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Bart Tangney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Hogan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. Berry

(Address)..... 1507 W. Mulberry

15- JUN 4 - 1917

Filed....., 191.....

HARRY C. ANDREWS
Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1917, to June 2 1917, that I saw h[illegible] alive on June 1 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

..... (Duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

..... (Duration) 10 yrs. ..... mos. ..... ds.

(Signed) E. V. Cookman M. D.

6/4/17 191... (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem.

DATE OF BURIAL, June 5, 1917.

20-UNDERTAKER M. L. Flynn

ADDRESS 1432 Light St

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

D 5813

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 D 5813

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2802 Monthello Ave St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant d. John F. & Rachel V. Miller

(Residence in Baltimore: No. 2802 Monthello Ave St.: ..yrs.,..mos. 3hrs da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH, June 2, 1917 (Month) (Day) (Year)

7-AGE, 3hrs ...yrs...mos...d.

If LESS than 1 day, 3 hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None 000
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: John F. Miller

11-BIRTHPLACE OF FATHER (State or Country): Pa

12-MAIDEN NAME OF MOTHER: Rachel V. Jackson

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Miller

(Address) 2802 Monthello Ave

15-

Filed JUN 4 - 1917 191.. HARRY C. ANDREWS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1917, to June 2 1917, that I saw her alive on June 2 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

at 6 Month

Cause, Fright

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs...mos...ds.

(Signed) H. L. Faer M. D.

June 2, 1917 (Address) 12 E. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Moriah Hampden — DATE OF BURIAL, 6-4-, 191.7

20-UNDERTAKER: Devour Co & Son — ADDRESS 3617 Gusten Ave

Important. See instructions on back of certificate.

D 5814

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5814

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2617 Hampden Ave ST. 12 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carson T. W. Jones

(Residence in Baltimore: No. 2617 Hampden Ave. St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept 15th, 1884 (Month) (Day) (Year)

7-AGE: 32 yrs. 8 mos. 19 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Major H. Jones

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Martha Redmond

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Redmond

(Address) 2617 Hampden

15. Filed JUN 4 1917 HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 3, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1917, to June 3 1917, that I saw h... alive on June 3, 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) L. A. Richardson M. D.

June 4, 1917 (Address) 113 W. 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: New Hampshire — DATE OF BURIAL: 6-5-1917

20-UNDERTAKER: Penrose & Sons — ADDRESS: 1111 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5815

CERTIFICATE OF DEATH.

D 5815

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2731 Bernard ST. 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilbur M Barnes

(Residence in Baltimore: No. 2731 Bernard St.; 1 yrs., 11 mos. 6 ds.)

important. See instructions on back of certificate. If occupation is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 29 (Day) 1915 (Year)

7-AGE, 1 yrs. 11 mos. 6 days If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Spencer Barnes

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Edith Arnold

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Arnold

(Address) 2731 Bernard ave

15- Filed JUN 4 1917, 191.... HARRY C. BRUMS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 4 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 1917, to June 4 1917, that I saw h... alive on June 4 1917, and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs....mos. 2 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) ....yrs....mos. 3 wks ds.

(Signed) L A Richardson M. D.

June 4, 1917. (Address) 1120 N 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, June 5 1917.

20-UNDERTAKER Chenoweth & Son — ADDRESS Chestnut Ave

At 9 30 AM

D 5816

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 5816

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 6) University Hospital ST.: 18 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick L. Schumacher

(Residence in Baltimore: No. 3 N. Schroeder St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH: Feby 17, 1874
(Month) (Day) (Year)

7-AGE, 43 yrs. 3 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): 009

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Schumacher

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Estelle N. Schumacher
(Address) 532 N. Bartlean

15- Filed JUN 4 1917, 191.... HARRY C. ANDREWS Registrar. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3, 1917
(Month), (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH* was as follows: Cerebral Hemorrhage (Apoplexy.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Alvin D. Briscoe M. D.
(Coroner.)
June 4, 191.. (Address) 317 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 1 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3 N. Schroeder St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, June 5, 1917

20-UNDERTAKER George J. Smith — ADDRESS 1060 W. Fayette St

CAUSE OF DEATH: Exact statement of OCCUPATION is very important. See instructions on back of certificate. Physicians should state in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Eks.

D 5817. HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5817.

CERTIFICATE OF DEATH.

REGISTERED NO. C 47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Poplar Grove St.; 16 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Josephine Barrett

(Residence in Baltimore: No. 1028 Poplar Grove St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Dec 28, 1898
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
19 yrs. 5 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country) New York, N.Y.

PARENTS.

10-NAME OF FATHER. James Barrett

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Marie H Lorenee Kelly

13-BIRTHPLACE OF MOTHER (State or Country) Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie H Lorenee Barrett

(Address) 2827 Rayner Ave

15- JUN 4 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to June 3 1917, that I saw her alive on June 2 1917, and that death occurred, on the date stated above, at 3.15 P.M.

The CAUSE OF DEATH* was as follows:

Acute Articular Rheumatism (Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac (Duration) — yrs. — mos. — ds.

(Signed) John V Blake M. D.

June 4, 1917. (Address) 100 N Paca St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
New Cathedral	June 6 1917
20-UNDERTAKER	ADDRESS
George J Smith	1000 N Payne St

Important. See instructions on back of certificate. Every question must be answered. If any answer is unknown, state the fact. If the exact date of birth cannot be given, the AGE must be stated. If the deceased was a married woman, the MAIDEN NAME must be given. If the deceased was a child, the NAME OF FATHER must be given. If the deceased was a married woman, the NAME OF HUSBAND must be given. If the deceased was a widow, the NAME OF HUSBAND must be given. If the deceased was a widower, the NAME OF WIFE must be given. If the deceased was a single person, the NAME OF FATHER must be given. If the deceased was a child, the NAME OF MOT

Spec.—8-24-14—M. & T.—2000 Bks.

D 5818

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5818

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 E Eager St.; 7 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Pelisek

(Residence in Baltimore: No. 905 N Collington Ave St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX~~ Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, 56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Pelesek

(Address) 905 N Collington Ave

15- JUN 4 - 1917 Filed....., 191.... HARRY C. ANDREWS Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 29 1917, to June 3 1917, that I saw her alive on June 3 1917, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation Heart

(Duration) yrs. mos. 1 ds.

(Signed) L Kerndt M. D.

June 3, 1917 (Address) 604 N. Pittsburgh St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rodeem — DATE OF BURIAL, June 6, 1917

20-UNDERTAKER Frank Evans — ADDRESS 808 Oakland Ave

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

D 5819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 5819

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 N. Bradford ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlett Sampson

(Residence in Baltimore: No. 617 N. Bradford St.; 36 yrs., 9 mos. 7 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Aug. 25, 1880 (Month) (Day) (Year)

7-AGE, 36 yrs. 9 mos. 7 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. John Tinson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Harriett Walker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriett Tinson

(Address) 617 N. Bradford St

15- Filed JUN 4 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1917, to June 2 1917, that I saw h[illegible] alive on June 1 — 1917, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(Duration) — yrs. 3 mos. — da.

CONTRIBUTORY (Secondary) Uraemia

(Duration) ....yrs. ....mos. 7 da.

(Signed) J. T. Bowles M. D.

June 4, 1917, (Address) 1302 E. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	June 5, 1917

20-UNDERTAKER Milton Davis ADDRESS 413 N Eden

5X

important. See instructions on back of certificate. If occupation is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5820

CERTIFICATE OF DEATH.

55 D 5820

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 560 W Preston St.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Odeah Jordan

(Residence in Baltimore: No. 560 W Preston St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1905 (Year)

7-AGE, 12 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Hampton va

PARENTS.

10-NAME OF FATHER, Thomas Sembly

11-BIRTHPLACE OF FATHER (State or Country), annapolis md

12-MAIDEN NAME OF MOTHER Alice Moody

13-BIRTHPLACE OF MOTHER (State or Country), Bell Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alleine Moody

(Address) 660 W Preston St

15-

Filed JUN 5 - 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 1917, to Jun 3 1917, that I saw him alive on June 3 1917, and that death occurred, on the date stated above, at 1.35 P m.

The CAUSE OF DEATH* was as follows:

Mononaine Paisen
Sour Cabbage Tea and
Pot Milk Raw Salad
Potatoes (Duration) ....yrs. ....mos. 7 ....ds.

CONTRIBUTORY (Secondary) Mononaine Poisen

..... (Duration) ....yrs. ....mos. 7 ....ds.

(Signed) Dr C W Kennard M. D.

June ..., 1917. (Address) 708 Cassard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn	June 5th, 1917.
20-UNDERTAKER	ADDRESS
John H Owens	538 Druid Hill Ave

important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

D 5821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42 D 5821

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 George St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Thomas

(Residence in Baltimore: No. 613 George St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, George Scott.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Ciphes

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Brown

(Address) 613 George St.

15- Filed JUN 5 - 1917 191 Chas. M. Sewell Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1917, to June 3 1917, that I saw h[illegible] alive on June 3 1917, and that death occurred, on the date stated above, at 12.30 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of Cervix Uteri

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward J. Sheller M. D.

June 4, 1917 (Address) 1230 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, June 6, 1917.

20-UNDERTAKER Samuel H. Hensley ADDRESS 518 W. Fayette St.

important. See instructions on back of certificate. ... very ... OCCUPATION is

D 5822 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5822

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 415 N Bethel St.; WARD) 6 92

2-FULL NAME Easter Wiggans

(Residence in Baltimore: No. 415 N Bethel St., ...St.; yrs., 11 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March (Month) 10 (Day), 1870 (Year)

7-AGE, 47 yrs. ...mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work H. W.
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Henry Jones

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Henrietta —

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Jones

(Address) 415 N Bethel St.

15-

Filed JUN 5 - 1917, 191... Chas W Busick

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia,

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) J. Wm. Foulke, M. D. (Coroner.)

June 5, 1917 (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Lancaster Co Va

DATE OF BURIAL, June 5, 1917

20-UNDERTAKER Milton Davis

ADDRESS 413 N Eden St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-.—M. & T.—2000 Bks.

D 5823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5823

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 N. Gilmor ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard M. Bryan

(Residence in Baltimore: No. 1636 N. Gilmor St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 6, 1881
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
36 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Eastern Shore Md

PARENTS.

10-NAME OF FATHER, Richard M. Bryan

11-BIRTHPLACE OF FATHER (State or Country) Eastern Shore

12-MAIDEN NAME OF MOTHER Emma R. Taylor

13-BIRTHPLACE OF MOTHER (State or Country) State of Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Belle Bryan

(Address) 1636 N. Gilmor

15-
Filed JUN 5 - 1917, 191
Chas W Burick
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1st 1917, to June 2 1917, that I saw h- alive on June 2 1917, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Syphilis of Liver

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) O. S. Lucas M. D.

June 2, 1917. (Address) 2505 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park — DATE OF BURIAL, June 4, 1917.

20-UNDERTAKER Howe Leech — ADDRESS 707 E. Northern Ave

Important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 5824 92 D 5824

CERTIFICATE OF DEATH

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 W. La Fayette Pl. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert F Schilling

(Residence in Baltimore: No. 2020 W. La Fayette St.; 1 yrs. 5 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec - 20, 1915 (Month) (Day) (Year)

7-AGE: one yrs. 5 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Child.
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Christian Schilling

11-BIRTHPLACE OF FATHER (State or country): Europe.

12-MAIDEN NAME OF MOTHER: Cristina Rehling

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Christina Schilling

(Address) 2020 W. La Fayette

15- Filed ..... 191 ..... Chas W Bunch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June - 4, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31, 1917, to, Jun 4 1917, that I saw him alive on Jun 3 1917, and that death occurred, on the date stated above, at 7.30 am

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs — mos. 5 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), F. C. Link M. D.

June 4, 1917 [Address] 1313 N Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cem't — DATE OF BURIAL: June 5 1917

20-UNDERTAKER: James B Sykes — ADDRESS: 514 Wilson

If the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5825

92 D 5825

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 S Durham St.; 2 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Weber

(Residence in Baltimore: No. 721 S Durham St.; 72 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. July (Month) ..... (Day) ....., 1844 (Year)

7-AGE. 72 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired House
(b) General nature of industry, business, or establishment in which employed (or employer): Keeper 000

9-BIRTHPLACE. (State or Country), Balto. Co. Md.

PARENTS.

10-NAME OF FATHER. Henry Schroeder

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Weber

(Address) 721 S. Durham St.

15- JUN 5 1917 Filed....., 191..... Chas W Dorsett Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 6 (Month) June 3rd (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 23 1917, to June 3 1917, that I saw her alive on June 3 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

..... (Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ....yrs. ....mos. 4 ds.

(Signed) J. M. Sandon M. D.

June 4. 1917. (Address) 11 S. E. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, June 6, 1917.

20-UNDERTAKER Lilly & Zeiler. ADDRESS 400 S. Wolfe St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5826

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

53 D 5826

REGISTERED No. C

CITY OF BALTIMORE: (No. St Joseph's Hosp ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Gummer

(Residence in Baltimore: No. 623 S. Rose St St.; 50 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, ..., (Month) (Day) 1868 (Year)

7-AGE, 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe Maker
(b) General nature of industry, business, or establishment in which employed (or employer): at Home 088

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Geo Gummer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Gummer

(Address) 623 S. Rose St

15- JUN 5 1917

Filed ....., 191.... Chas J. O'Brien

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1917, to June 3 1917, that I saw h— alive on June 2 1917, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Lymphatic Leukemia

Don't know

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTOR (Secondary) Acute Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) William F. Oneal M. D.

6/5, 1917. (Address) St Joseph's Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 29 ds. In the State 48 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence 623 S Rose St.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, June 5., 1917.

20-UNDERTAKER Lilly & Zeiler — ADDRESS 403 S. Moyd

Important. See instructions on back of certificate. Each statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

D 5827

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5827

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 26 N. Curley ST.; 6 WARD)
REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis J. Wehr
(Residence in Baltimore: No. 26 N. Curley
S 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. (Month) 15th (Day); 1857 (Year)

7-AGE, 66 yrs. 4 mos. 17 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Woodworker
(b) General nature of industry, business, or establishment in which employed (or employer). Sash factory

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, Frank Wehr

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Dora Wehr
(Address) 26 N. Curley St.

15-
Filed....., 191.. Chas. W. Brack
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 2 (Day), 1912 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 191.., to June 2 191.., that I saw h... alive on June 2 191.., and that death occurred, on the date stated above, at 11 57 A m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(Duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) Chronic Nephritis
(Duration) ....yrs. ....mos. ....ds.
(Signed) [illegible]
June 2, 191.. (Address) 2231 E. Oliver M. D.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery. DATE OF BURIAL, June 5th, 1912

20-UNDERTAKER H. Sander Sons ADDRESS 1210 E. Oliver St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5828

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5828

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Parker

(Residence in Baltimore: No. 150 Mulberry St St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Black	Single

6-DATE OF BIRTH, March 25, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel Parker

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Laura Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

15- JUN 5 - 1917

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3 1917, to June 4 1917, that I saw h[illegible] alive on June 4 1917, and that death occurred, on the date stated above, at 7 10 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia acute

..... (Duration) 0 yrs. 0 mos. 14 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration)..... yrs..... mos..... ds.

(Signed) Henry B. Conrad M. D.

June 4, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 2 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 150 Mulberry St

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, June 6, 1917

20-UNDERTAKER Thos. Robt. A. Elliott — ADDRESS 506 East St.

Important. See instructions on back of certificate.

...of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5829

D 5829

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Mt. Elderry ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Karl Engelhardt

(Residence in Baltimore: No. 2020 Mt. Elderry St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, Oct 8, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 7 mos. 26 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Student
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Engelhardt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Schorpf

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- JUN 5 - 1917 Filed....., 191.... Chas. W. Bunick Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 1917, to June 4th 1917, that I saw h.... alive on June 4th 1917, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

..... (Duration).....yrs.....mos. 5 ds.

CONTRIBUTORY (Secondary) Decomposition

..... (Duration).....yrs. 1 mos.....ds.

(Signed) C. Lee S. Gillis M. D.

6/8, 1917. (Address) 628 N. Washington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Schwartz Conn	June 5, 1917
20-UNDERTAKER	ADDRESS
Wendell Oppelt	37 S. Sharp

Important. See instructions on back of certificate.

D 5830

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5830

CERTIFICATE OF DEATH

REGISTERED No. C 579

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 4 Fay Ainsworth St. WARD)

2 FULL NAME Elizabeth Jackson

(Residence in Baltimore: No. 2617 Ainsworth St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7 AGE: 55 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9 BIRTHPLACE (State or country): Dont Know

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (State or country): Dont Know

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (State or country): Dont Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. C. Kell
(Address) 67 Winter ave Catonsville

15 Filed JUN 5 - 1917, 191 Chas W. Bunce REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 2 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 21, 191..., to, June 2 191..., that I saw h... alive on June 1, 191..., and that death occurred, on the date stated above, at 6.30 p.m.
The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Indefinite (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Tertiary Endocarditis

(Duration) 5 yrs. 2 mos. 6 ds.

(Signed) H. Everett Fisher M. D.

June 4, 1917 (Address) 1612 E monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: June 5th 1917

20 UNDERTAKER: Thomas White — ADDRESS: 1138 S. Conkling St

NOTE—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5831

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5831

CERTIFICATE OF DEATH.

REGISTERED No. C 110

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Division St. ; ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Smith

(Residence in Baltimore: No. 2223 Division St. St.; 36 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	Colored	Widow

6-DATE OF BIRTH, ... (Month) (Day) 36 1 (Year)

7-AGE,	If LESS than 1 day,
36 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work 070
(b) General nature of industry, business, or establishment in which employed (or employer) ..... domestic

9-BIRTHPLACE, (State or Country). Bal -

PARENTS.

10-NAME OF FATHER, Rodrick Twine

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret J. Parker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret J. Twine

(Address) 2223 Division St

15- Filed ..... JUNE - 1917 , 191.. Chas. W. Brack Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2nd, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 8th 1917, to June 2 1917, that I saw h er alive on June 1st 1917, and that death occurred, on the date stated above, at 9 o'clock a. m.

The CAUSE OF DEATH* was as follows:

Pelvic Rectal Fistula
+ Sepsis
(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(Duration) yrs. mos. 14 ds.

(Signed) Geo. W. Lammenbach M. D.

June 2nd, 191.. (Address) 2315 N. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn Cemetery	June 5th, 1917.
20-UNDERTAKER John H. Todd	ADDRESS 1220 E. Fayette St.

Important. See instructions on back of certificate. ... CAUSE OF DEATH is very

Spec.—8-24-14—M. & T.—2000 Bks.

D 5832

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5832

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Amanda Bleck

(Residence in Baltimore: No. 2012 Madison St ..... St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Feb 19th, 1866
(Month) (Day) (Year)

7-AGE, 52 yrs. 3 mos. 15 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at Home

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, John Claymans

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Mary Vase

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L. Davis

(Address) 2817 E Madison

15- Filed JUNE 5 1917; 191... Chas W Bunch Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1st 1917, to June 3 1917, that I saw h[illegible] alive on June 3 1917, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mangnum

Paralysis

(Duration) ... yrs. 10 mos. ... ds.

CONTRIBUTORY (Secondary) Renal Depression

(Duration) ... yrs. ... mos. 4 ds.

(Signed) A. T. Ament M. D.

191... (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 13 ds. In the State 49 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? NO

Former or usual residence 2817 Madison St

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, June 6, 1917

20-UNDERTAKER Philip Herrig ADDRESS 2016 Orleans

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5833

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5833

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Frederick Ave 20 ST., WARD)

2-FULL NAME Mrs. Bertrude Ruckert

(Residence in Baltimore: No. 2202 Frederick Ave. 1 yrs. 6 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, October 12, 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Philip Berging

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Jenith

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Ruckert

(Address) 2202 Frederick ave.

15-

Filed....., 191.... Chas. F. Bruns
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 27, 191..., to June 3, 1917, that I saw h.. alive on May 31, 1917, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy Cerebral

Hemorrhage

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. mos. ds.

(Signed) G. E. Wray M. D.

June 4, 191... (Address) 824 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, June 6 1917.

20-UNDERTAKER, James Dignan & Son — ADDRESS 1000 S. Paca St.

Important. See instructions on back of certificate.

D 5834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 D 5834

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME James Garland

(Residence in Baltimore: No. 13-15 Barclay St.; yrs., 2 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 2 yr. 6 mos. ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE. (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, David Garland

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Annie Burch

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... David Garland

(Address)..... 13-15 Barclay

15-

Filed JUN 5 - 1917 1917 Chas. M. Sinclair Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull
Caused by accidentally falling from 2nd
Story window (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
(Duration) ....yrs. ....mos. ....ds.

(Signed) W. H. Ritz M. D.
(Coroner.)
June 5, 1917 (Address) 1639 Bremen

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 days ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery — DATE OF BURIAL, June 6, 1917

20-UNDERTAKER R C Groll — ADDRESS 1405 McElderry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5835

CERTIFICATE OF DEATH.

REGISTERED NO. D 5835

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1408 Mc Elderry St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Wade

(Residence in Baltimore: No. 1408 Mc Elderry St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. 22 (Month) (Day), 1913 (Year)

7-AGE, 4 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joseph F. Wade

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary J. Hearsey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph F. Wade

(Address) 1408 Mc Elderry St

15- JUNE 5 1917

Filed ..... 191.. Chas. M. Sinclair Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31, 1917, to June 3, 1917, that I saw her alive on June 3, 1917, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebro-Spinal Meningitis

Exclusive

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Gastro Catarrah

(Duration) yrs. mos. 3½ ds.

(Signed) H. C. Klinger M. D.

June 4th 191.. (Address) 520 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery DATE OF BURIAL, June 6, 1917

20-UNDERTAKER H. C. Frost ADDRESS 1400 Mc Elderry St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5836

CERTIFICATE OF DEATH.

D 5836

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 N. Spring St. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Louise Walters

(Residence in Baltimore: No. 1639 N. Spring St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.)
Female	White	Baby

6-DATE OF BIRTH, May 21st, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 14 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frederick Walter

11-BIRTHPLACE OF FATHER (State or Country), Balt. Md.

12-MAIDEN NAME OF MOTHER Dorothy Hoocke

13-BIRTHPLACE OF MOTHER (State or Country), Balt. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Walter

(Address) 1639 N. Spring St.

15-

Filed ..... 191..

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3 1917, to June 4 1917, that I saw h[illegible] alive on June 3 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Malnutrition

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) none

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

6/4/, 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	June 5, 191..

20-UNDERTAKER George J. Rauth

ADDRESS 1735 Harford Ave.

Important. See instructions on back of certificate. CAUSE OF DEATH is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5837

D 5837

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 891 N. Fayette St. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth E. Branning

(Residence in Baltimore: No. 891 N. Fayette St. St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feby (Month) 27 (Day), 1885 (Year)

7-AGE, 32 yrs. 4 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. J. C. Hauser

11-BIRTHPLACE OF FATHER (State or Country). Switzerland

12-MAIDEN NAME OF MOTHER Mary L. Rommel

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. E. Branning

(Address) 891 N. Fayette St.

15-

Filed JUN 5 1917 191.... Chas. M. Sneader Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3rd (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1917, to June 3rd 1917, that I saw h.r alive on June 3rd 1917, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Laryngitis

(Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary)

.....or (Duration) ....yrs. ....mos. ....ds.

(Signed) Otto D. Murray M. D. M. D.

June 4, 191 7 (Address) 510 N. Fremont ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon

DATE OF BURIAL. 6-6-, 191 7.

20-UNDERTAKER H. B. Manning Son

ADDRESS 517 N. Schroeder St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 5838 — CERTIFICATE OF DEATH. — 120 D 5838

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: No. 2137 Druid Hill Ave ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine G. Chambers

(Residence in Baltimore: No. 2137 Druid Hill Ave St.; — yrs., — mos. — ds.)

Important. See instructions on back of certificate. If OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	Colored	married

6-DATE OF BIRTH, April 12, 1850 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
67 yrs. 1 mos. 22 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife 037
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, David Holmes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Bush

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence Chambers

(Address) 2137 Druid Hill Ave

15-

Filed ....., 191. Chas M Sinclair Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3rd, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10th 1917, to June 3 1917, that I saw h[er] alive on June 2 1917, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

Hemiplegia

(Duration) yrs. 5 mos. 21 ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. ds.

(Signed) Burkett M. D.

6/7, 1917. (Address) 2137 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral DATE OF BURIAL, June 5, 1917.

20-UNDERTAKER Jos H Holland ADDRESS 1631 Druid Hill Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5839

CERTIFICATE OF DEATH.

D 5839

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1459 W. Parrish St.; 15 WARD)

2-FULL NAME Mary Jane Brown

(Residence in Baltimore: No. 1459 W. Parrish St. St.; 25 yrs., ... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... Unknown, 1850
(Month) (Day) (Year)

7-AGE, 66 yrs. 10 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Lucas Wallace

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Wallace

(Address) 309 W. Gilmor St.

15-

Filed ..... 191.. Chas. M. Boehm
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 26 1917, to May 31 1917, that I saw her alive on May 31 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

..... (Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John D. Quinn M. D.

June 27, 191.. (Address) 1507 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, West Lawn Shaft

DATE OF BURIAL, June 29, 191..

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST.

Important. See instructions on back of certificate. Space allotment for OCCUPATION is very

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5810

1 PLACE OF DEATH

CERTIFICATE OF DEATH

1917 D 5810

REGISTERED No. C

CITY OF BALTIMORE (No. 1529 N. Fayette av St.) 19 (WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2 FULL NAME Anna R. Price

(Residence in Baltimore: No. 1529 N. Fayette av St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: March 26, 1850 (Month) (Day) (Year)

7 AGE: 67 yrs. 2 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ditto

9 BIRTHPLACE (State or country): Glenecoe Balto Co

PARENTS

10 NAME OF FATHER: America Johnson

11 BIRTHPLACE OF FATHER (State or country): Glenecoe Balto Co

12 MAIDEN NAME OF MOTHER: Martha Hutchins

13 BIRTHPLACE OF MOTHER (State or country): Glenecoe Balto Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hillman R. Price
(Address) 1529 N. Fayette av

15 Filed JUN 5 1917, 191 Chas M. Sudlow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 4", 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9", 1917, to June 4", 1917, that I saw h[illegible] alive on June 4", 1917, and that death occurred, on the date stated above, at 10 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

History indefinite (Duration) 12-14 yrs. — mos. — ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) A. F. Robinson M. D.
June 5", 1917, (Address) 141 E. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: June 7, 1917

20 UNDERTAKER: George J. Smith — ADDRESS: Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5811

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

120 D 5811

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 Ashland ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna E Pohl

(Residence in Baltimore: No. 2427 Ashland Ave St. 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widowed

6-DATE OF BIRTH, Aug 28, 1840
(Month) (Day) (Year)

7-AGE, 76 yrs. 2 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Daniel Walkes

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Lashan

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Pohl

(Address) 3165 N. Ellwood

15-

Filed JUN 5 1917, 191.. Ell Duncan
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 31 1917, to June 4 1917, that I saw h[illegible] alive on June 3 1917, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Cardiac Paralysis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) yrs. 2 mos. ds.

(Signed) C. H. Mayer Jr. M. D.

June 5, 1917. (Address) 1638 E. Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem — DATE OF BURIAL, June 6, 1917.

20-UNDERTAKER John Herring & Co — ADDRESS 2007 Orleans

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D5842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. D5842

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Weisinger

(Residence in Baltimore: No. 3201 Fredenick Ave St.; —yrs. —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Sing

6-DATE OF BIRTH, August 14, 1913
(Month) (Day) (Year)

7-AGE, 3 yrs. 9 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Robert Weisinger

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Carrie Rittenoth

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phillips.

(Address) Johns Hopkins Hosp.

15- JUN 5 1917 Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit 01

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4, 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 3 191 7, to June 4 191 7, that I saw h— alive on June 4 191 7, and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis generalized

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) I. Flexner M. D.

June 4, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3201 Fredenick Ave

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: June 6th, 1917

20-UNDERTAKER: Chas. H. Bull ADDRESS 3709 Fred'k Ave

Important. See instructions on back of certificate. Failure to fill out correctly the items of OCCUPATION is very

Spec.—5-15-18—M. & T.—500 Bks.

D 5843

HEALTH DEPARTMENT—CITY OF BALTIMORE

143 D 5843

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1441 Lowman ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Wilder.

(Residence in Baltimore: No. 1441 Lowman St.; 59 yrs., 6 mos., 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) 23 (Day) 1857 (Year)

7-AGE,	If LESS than 1 day,
59 yrs. 6 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tool Tender
(b) General nature of industry, business, or establishment in which employed (or employer): B.&O.R.R. Co.

9-BIRTHPLACE, (State or Country) Portsmouth, Va.

PARENTS.

10-NAME OF FATHER, John H. Wilder.

11-BIRTHPLACE OF FATHER (State or Country), Portsmouth Va.

12-MAIDEN NAME OF MOTHER Rebecca Hoops.

13-BIRTHPLACE OF MOTHER (State or Country), Portsmouth Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. H. Wilder.

(Address) 1441 Lowman

15- JUN 5 - 1917

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1917, to June 3 1917, that I saw h[im] alive on June 3 1917, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Carbuncles on
Posterior surface of neck

(Duration) ....yrs. ....mos. 20 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas T. Bratney M. D.

June 5, 1917. (Address) 621 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	June 6, 1917
20-UNDERTAKER Mrs J & C Evans & Son	ADDRESS 1420 N Chas

IMPORTANT. See instructions on back of certificate. Every statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5814

CERTIFICATE OF DEATH.

64 D 5814

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 Augusta Ave ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Kuhan

(Residence in Baltimore: No. 306 Augusta Ave St.; 66 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, August 16, 1850
(Month) (Day) (Year)

7-AGE, 66 yrs. 9 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): (illegible)

9-BIRTHPLACE, (State or Country), Dublin Ireland

PARENTS.

10-NAME OF FATHER, Wm Mederwood

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Agnes Kelson

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. P. Kuhan

(Address) 306 Augusta Ave

15- JUN 5 1917 HARRY C. ANDREWS

Filed....., 191.... Death Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to June 3 1917, that I saw her alive on June 3 1917, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 1 hr. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. 6 mos. ....ds.

(Signed) M. A. Dunn M. D.

June 4, 1917. (Address) 108 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, June 6, 1917

UNDERTAKER Geo. E. Schmidt & Bro

ADDRESS 2101 Eutaw Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5815

CERTIFICATE OF DEATH.

113 V

D 5845

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 E 22 nd ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Capt John Wesley Dodson

(Residence in Baltimore: No. 120 E 22 nd St. St.; Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Sept (Month) 2 (Day), 1836 (Year)

7-AGE, 80 yrs. 9 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Boat Captain

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Benjamin Dodson

11-BIRTHPLACE OF FATHER (State or Country), Dorchester Co Md

12-MAIDEN NAME OF MOTHER, Belinda Fell

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen L Dodson

(Address) 120 E 22nd St

15-

Filed JUN 5 - 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 4 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 1st 1917, to June 4th 1917, that I saw h[illegible] alive on June 3rd [illegible] and that death occurred, on the date stated above, at [illegible] 3 PM m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver.

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastatic Carcinoma of Intestines

(Duration) yrs. 6 mos. ds.

(Signed) Robert Lindsell M. D.

June 5, 1917. (Address) 211 W Mount Vernon Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem

DATE OF BURIAL, June 7, 1917

20-UNDERTAKER E C Cook

ADDRESS 502 E North

important. See instructions on back of certificate. ...e properly classified. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

D 5846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 5846

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 N. Fulton Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. McSherry

(Residence in Baltimore: No. 1714 N. Fulton Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August 15th, 1874
(Month) (Day) (Year)

7-AGE, 62 yrs. 9 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... 109

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John W. McSherry

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Claire C. Valero

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Chas A. McSherry

(Address) 1714 N. Fulton Ave

15- JUN 5 - 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February, 1916 to June 4" 1917, that I saw him alive on June 4" 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cancer of the Stomach

(Duration) 1 yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) O. N. Duvall, M. D.

June, 1917. (Address) 1817 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, June 6, 1917.

20-UNDERTAKER M. Fahey & Son — ADDRESS 626 Lafayette Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5817

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5817

CERTIFICATE OF DEATH.

REGISTERED NO. C 130

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Thompson

(Residence in Baltimore: No. 635 Josephine St St.; 9 yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, ..., 1857.
(Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gardener
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Isaac Thompson

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Hannah McGaus

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Record

(Address) Greene & Lombard sts.

15- JUN 5 - 1917

Filed ....., 191.... HARRY O. ANDREWS Registrar.

Burial Permit Oled

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10th 1917, to June 12th 1917, that I saw him alive on June 12th 1917, and that death occurred, on the date stated above, at 1:10 A.m.

The CAUSE OF DEATH* was as follows:

Pleurisy Diaphragmatic Hepatization
Pleurisy Carcinoma Decompensation

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Pleura,

(Duration) yrs. mos. 1 ds.

(Signed) [illegible] M. D.

June 5, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. 5 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 635 Josephine St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, JUN. 5, 1917
20-UNDERTAKER (Commissioner Health.	ADDRESS

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

D 5848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5848

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's Home ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Barber

(Residence in Baltimore: No. St. Elizabeth's Home, St. Paul St.; 4 yrs., 3 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	single

6-DATE OF BIRTH, Feb. (Month) 24 (Day), 1910 (Year)

7-AGE, 7 yrs. 3 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), St. Marys Co., Md.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-

Filed JUNE 5 1917, 191.... HARRY C. ANDREWS
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3rd (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 3, 1917, to June 2, 1917, that I saw her alive on June 2nd 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

General Miliary Tuberculosis

(Duration) yrs. 3 mos. 0 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edgar B. Freudenwald M. D.

June 4, 1917. (Address) 1616 London Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death 4 yrs. 3 mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health.

FAC. WID. E. WOODALL

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 | D 5849

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 39-S. Ellwood Av (or Camp Wagel) ST.; ..... WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Premature Birth

(Residence in Baltimore: No. 39-S. Potomac St St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED, (Write the word.)
M	W	Single

6-DATE OF BIRTH, June 4, 1917
(Month) (Day) (Year)

7-AGE, Premature Birth ~~Years~~ ~~Months~~ ~~Days~~ If LESS than 1 day, ...hrs. or...1 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Antone Hagel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antone Hagel

(Address) 39 S Potomac St

15-

Filed JUN 5 - 1917, 191.... HARRY C. ANDREWS Serial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4 191 7, to June 4 191 7, that I saw h— alive on June 4 191 7, and that death occurred, on the date stated above, at 8-a m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(5 months)
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY
(Secondary).....
(Duration).....yrs.....mos.....ds.

(Signed) John D. Osmer M. D.

June 4, 191 7 (Address) Emmanuel Hse Potomac St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Commissioner Health.

Per. Wm. A. [illegible]RODALL.

Important. See instructions on back of certificate. ...ment of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

D 5850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5850

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's Home ST.; 4 WARD)

REGISTERED No. C 29

2-FULL NAME Franklin E. Wards

(Residence in Baltimore: No. St. Elizabeth's Home, St. Paul St.; ..... yrs. ..... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 ..... (Year)

7-AGE, about 5 yrs. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-

Filed JUN 5 - 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to June 1, 1917, that I saw him alive on June 1st, 1917, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

..... (Duration) ..... yrs. ..... mos. 1 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edgar [illegible] M. D.

June 4, 191.. (Address) 1 W. Lanvale Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL, ... 1917 ..... 191...
20-UNDERTAKER	ADDRESS

BOARD OF HEALTH
Commissioner of Health,
Per. Wm. H. WOODALL

Important. See instructions on back of certificate.

D 5851

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5851

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3422 Park Heights Ave WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Millard F. Taylor

(Residence in Baltimore: No. 3422 Park Heights Ave 58 yrs. 7 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Oct (Month) 11 (Day), 1858 (Year)

7-AGE 58 yrs. 7 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer): 042

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John Wesley Taylor

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Susan C. Kline

13-BIRTHPLACE OF MOTHER (State or country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Taylor

(Address) 3422 Pk. Heights Av

15. JUN 5 - 1917 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June (Month) 4" (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 12 1917, to June 4 1917.

that I saw him alive on May 27" 1917.

and that death occurred, on the date stated above, at 730 m.

The CAUSE OF DEATH* was as follows:

Rheumatoid Arthritis.

(Duration) 10 yrs. 4 mos. ds

Contributory (SECONDARY) Chronic Valvular Heart Disease

(Duration) 3 yrs. 5 mos. ds.

(Signed), A. F. Robinson M. D.

June 5, 1917 (Address) 141 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: June 7, 1917

20-UNDERTAKER: Chas. E. Ivanick ADDRESS: 807 Madison Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-15—M. & T.—500 Bks.

D 5852

HEALTH DEPARTMENT—CITY OF BALTIMORE

Diedterthellman Dana.

CERTIFICATE OF DEATH.

28 V D 5852

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 N. Charles ST.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Henderson

(Residence in Baltimore: No. 11 Royal Apts. C. S. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. October (Month) 15 (Day), 1893 (Year)

7-AGE. 23 yrs. 7 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER. Robert Henderson

11-BIRTHPLACE OF FATHER (State or Country). Balto Md.

12-MAIDEN NAME OF MOTHER Margaret Gagel

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. W. Henderson

(Address) 11 Royal Apts

15-

Filed JUN 5 - 1917 RAINY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June (Month) 4 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May. 15 1917 to June. 4 1917, that I saw her alive on June 4th 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. F. Hagner M. D.

June 4, 1917. (Address) 1526 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 7 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 11 Royal Apts

19-PLACE OF BURIAL, OR REMOVAL. Greenmount Cemetery

DATE OF BURIAL. June 6 1917

20-UNDERTAKER. H. E. Hughes

ADDRESS 17 S Broadway

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 5853

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Homewood Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joshua F. Sindall

(Residence in Baltimore: No. 1114 Homewood Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 24, 1844 (Month) (Day) (Year)

7-AGE, 74 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dealer in
(b) General nature of industry, business, or establishment in which employed (or employer)..... Stoves & furnaces

9-BIRTHPLACE, (State or Country), Balto. Co. Md

PARENTS.

10-NAME OF FATHER, David Sindall

11-BIRTHPLACE OF FATHER (State or Country), Balto Co

12-MAIDEN NAME OF MOTHER Jane Conway

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Sophia F. Sindall

(Address)..1114 Homewood Ave

15- JUN 5 - 1917 Filed..... 191.....

HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1917, to June 3 1917, that I saw h[illegible] alive on June 2 1917, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yrs. mos. dc.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. 8 mos. 3 ds.

(Signed) Bernard Lucas M. D.

June 5, 1917 (Address) 914 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's, Govans

DATE OF BURIAL, June 6 1917

20-UNDERTAKER W. C. Wiedefeld

ADDRESS 914 Gremmb Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5851 ✓ 120 D 5851

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Linden Ave St.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Lee Poor

(Residence in Baltimore: No. 1415 Linden Ave St.; 6 yrs. 10 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, September 28, 1865 (Month) (Day) (Year)

7-AGE, 51 yrs. 8 mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), State of Maryland City of Baltimore

PARENTS.

10-NAME OF FATHER, Alfred Poor

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Maria Noble Smith

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Poor

(Address) 1415 Linden ave

15- Filed JUN 5 - 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4 1917, to June 4, 1917, that I saw h.. alive on June 4 1917, and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Nephritis — 6 wks

Duration — 1½ yrs

CONTRIBUTORY (Secondary) Uraemia

(Duration) .... yrs. .... mos. .... ds.

(Signed) [illegible] M. D.

June 5, 1917 (Address) 1327 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Green Mount Cemetery — DATE OF BURIAL, June 6th, 1917.

20-UNDERTAKER Henry Jenkins & Sons Co — ADDRESS 1104 N Charles Sts.

Important. See instructions on back of certificate.

D 5855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C D 5855

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 709 W Fayette ST.: 4 WARD) 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin R. Brooks.

(Residence in Baltimore: No. 709 W. Fayette.

St., 8 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown, 1848
(Month) (Day) (Year)

7-AGE, 69 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 166

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Benjamin R Brooks

11-BIRTHPLACE OF FATHER (State or Country), Penn.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Austin Lang.
(Address) Washington Penn.

15- JUN 5 - 1917 Filed....., 191.... HARRY C. ANDREWS Deputy Health Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert L Driscoll M. D.
(Coroner)
June 5 1917. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Washington Pa.	June 8 1917
20-UNDERTAKER, John J Corcoran	ADDRESS 901 Holbrook St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

D 5856

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

28 D 5856

1-PLACE OF DEATH St Francis Convent

CITY OF BALTIMORE: (No. Car Forrest & Chase ST.) 10 WARD)

REGISTERED No. C

2-FULL NAME Mary Jackson

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. St.; 19 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, October (Month) 16 (Day), 1894 (Year)

7-AGE, 22 yrs. 7 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York State

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother Mary Frances O.S.P.

(Address) St Frances Convent Car Forrest & Chase St.

15-

Filed JUN 6 1917 191 ROBERT B. [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1916, to June 1917, that I saw her alive on June 4 1917, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Mary F. Voeglein M. D.

June 4, 1917 (Address) 1025 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holly Cross Cemetery | DATE OF BURIAL, June 12 1917

20-UNDERTAKER Ecker & Dye | ADDRESS 107 E Monument St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Martha Robb

D 5857

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 5857

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #424 W Hamburg ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME Martha Robb

(Residence in Baltimore: No. 424 W. Hamburg St.; 22 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widowed

6-DATE OF BIRTH, Oct (Month) 1 (Day), 1874 (Year)

7-AGE, 42 yrs. 8 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Jacob Robb

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sallie Coutles

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Johnson

(Address) 424 W. Hamburg St.

15- Filed JUN 6 - 1917, 191 ROBERT R. KRAUTH Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1917, to June 4 1917, that I saw her alive on June 3 1917, and that death occurred, on the date stated above, at 9a.m.

The CAUSE OF DEATH*, was as follows:

Pneumonia Lob

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) C. B. Thomas M.D.

(Duration) yrs. mos. 15 ds.

(Signed) C. B. Thomas M. D.

Jun 5, 191 7 (Address) 714 S. Chas St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn ct — DATE OF BURIAL, June 6, 1917

20-UNDERTAKER J. H. Brown & Son — ADDRESS 1010 Monty

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5858

CERTIFICATE OF DEATH.

28 ✓

D 5858

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Thomas ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Rohden

(Residence in Baltimore: No. 1809 Thomas ave St. 38 yrs., 8 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Sept 7th (Month) (Day), 1878 (Year)

7-AGE. 38 yrs. 8 mos. 26 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Potter
(b) General nature of industry, business, or establishment in which employed (or employer): Cannon P.C.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Bernard Rohden

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER. Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Rose Rohden

(Address) 1809 Thomas ave

15 JUN 6 - 1917 Filed....., 191.... ROBERT B. FRAZIER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4th (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 17th 1917, to June 4th 191, that I saw h[illegible] alive on May 30th 191 and that death occurred, on the date stated above, at 3.10 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) yrs. 2 mos. ds.

(Signed) E. Brush M. D.

....., 191... (Address) 607 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, June 7..., 1917

20-UNDERTAKER Geo. Weber & Son ADDRESS 2503 Edmondson Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5869 — D 5853

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3039 Strickland ST.; 20 WARD)

REGISTERED No. C

2-FULL NAME Albertina Ullrich

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 3039 Strickland St. St.; 55 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH. Sept (Month) 13 (Day) 1837 (Year)

7-AGE.	If LESS than 1 day,
79 yrs. 8 mos. 22 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Ullrich

(Address) 3039 Strickland St

15- JUN 6 - 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1917, to June 4 1917, that I saw h[illegible] alive on June 4 1917, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis

(Duration) sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) yrs. mos. ds.

(Signed) Howard W Jones M. D.

June 5, 1917 (Address) Darlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Carmel — DATE OF BURIAL, June 7, 1917

20-UNDERTAKER Josiah Seyfert — ADDRESS [illegible]

Important. See instructions on back of certificate.

D 5860

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5860

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1313 Division St.; 17 Ward)

REGISTERED No. C

2-FULL NAME Edith Evatt.

(Residence in Baltimore: No. 1117 Argyle Ave St.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. (Month) 10, (Day) 1887 (Year)

7-AGE, 29 yrs. 5 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). Private

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Evatt.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Eliza Adams

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister

(Address) 1117 Argyle Ave

15- Filed JUN 6 - 1917 191.... ROBERT R. KRAUS Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3, (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) C. W. Heuisler (Coroner.) M. D.

June 6, 191.. (Address) 8 E. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 1 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, June 6 191..

20-UNDERTAKER Samuel J. Hemsley — ADDRESS 5 N. Dutch Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5861

CERTIFICATE OF DEATH.

182 D 5861

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1715 Maryland Ave Won Way to Mercy Hospital ST.; 19 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sonny Bagley

(Residence in Baltimore: No. 1715 - Maryland ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col,	Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) (Year)

7-AGE, 17 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, John Bagley

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Pattie Bagley

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Epps

(Address) 1715 Maryland

15- Filed JUN 6 - 1917 ROBERT B. KRAUS Registrar Burial Permit issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and Autopsy (Inquest, autopsy or ~~inquiry~~.) thereon and from the evidence obtained by said Inquest and Autopsy (Inquest, autopsy or ~~inquiry~~.) find that said deceased came to L. death on the day stated above.

The CAUSE OF DEATH* was as follows: Pistol Shot wound in chest

Gen Peritonitis (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage & Shock

Gen Peritonitis (Duration) yrs. mos. ds.

(Signed) W. T. Ruley (Coroner.) M. D.

June 6, 1917 (Address) 1609 Bonner

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Burkeville Va. DATE OF BURIAL, June 6 1917

20-UNDERTAKER Samuel Hemsley ADDRESS 5 Frederick

CAUSE OF DEATH: In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. . .—2000 Bks.

D 5862

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

D 5862

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Cumberland Pl ST. 15 WARD)

2-FULL NAME Ethel Rudd

(Residence in Baltimore: No. 705 Cumberland Pl St.; ...yrs.,...mos.,...ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1 (Year)

7-AGE, 23 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work, Laundress (b) General nature of industry, business, or establishment in which employed (or employer), Pd Occupation

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Alven Hill.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER unkn

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theadora Wilson

(Address) 707 Cumberland

15- Filed JUN 6 - 1917, 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 2 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 31 1917, to June 2 1917, that I saw her alive on June 1 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ...yrs. 6 mos. ...ds.

CONTRIBUTORY (Secondary) Carcinoma Peritonei

(Duration) ...yrs. ...mos. 3 ds.

(Signed) E. Williams Riley M. D.

June 2, 1917. (Address) 1928 Penn Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn. DATE OF BURIAL, June 4, 191 7.

20-UNDERTAKER Edward Young Gold ADDRESS 1463 W Lany

1

Important. See instructions on back of certificate.

...ate. ... property ... [illegible] ... statement of OCCUPATION is very

Spec.—8-24-14—M. & S.—2000 Bks.

D 5863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5863

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Genl. Hosp. St.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nora Bliley

(Residence in Baltimore: No. 525 Laurens St

St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day), 1883 (Year)

7-AGE, 34 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Maid (Waiter) (b) General nature of industry, business, or establishment in which employed (or employer): Pvt Consulate

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Wm Bailey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Kate Matthews

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. Matthews

(Address) 525 Laurens St

15-

Filed JUN 6 1917 191.... ROBERT R. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3 1917, to June 6 1917, that I saw her alive on June 6 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Nephritis

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jas Swarden M. D.

June 6, 1917 (Address) 1 W Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State 34 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ——

Former or usual residence 525 Laurens St.

19-PLACE OF BURIAL OR REMOVAL, Druid Hill Cemetery

DATE OF BURIAL, June 7, 191.7

20-UNDERTAKER W. F. Dickson & Son

ADDRESS Monument

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5864

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 E. Clement ST.; 24 WARD)

FULL NAME Mary E. Tudor

(Residence in Baltimore: No. 426 E. Clement St.; ....yrs....mos....ds.)

REGISTERED No. C D 5864

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	widow

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
84 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Burton

(Address) 420 E. Clement St

15 Filed JUN 6 - 1917 191.... ROBERT B. KRAUTH Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., June (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1917, to June 3 1917, that I saw h... alive on June 3 1917, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. 3 mos. ....ds.

(Signed) ... M. D.

June 5, 191.. (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
Mt. Olivet.	June 6, 191.7
20-UNDERTAKER	ADDRESS
Chas. J. Fahey & Son	1318 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 ✓ D 5865

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3544 Benson St. 13 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME. Francis Hobbs.
(Residence in Baltimore: No. 3544 Benson St. 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married
6-DATE OF BIRTH, March 8, 1
(Month) (Day) (Year)
7-AGE, 70 yrs. 2 mos. 28 ds.
If LESS than 1 day, hrs. or min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House wife
(b) General nature of industry, business, or establishment in which employed (or employer). Retired
9-BIRTHPLACE, (State or Country), Maryland

PARENTS.
10-NAME OF FATHER, George Myers.
11-BIRTHPLACE OF FATHER (State or Country). Maryland
12-MAIDEN NAME OF MOTHER Mary Williams
13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant). Charles Hobbs
(Address) 3544 Benson St.

15- Filed JUN 6 - 1917 ROBERT R. FRAZ[illegible] Registrar. Burial Permit O[illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1917, to June 5 1917, that I saw her alive on June 5 1917, and that death occurred, on the date stated above, at 3.35 P m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis and Arterio Sclerosis
(Duration) Uncertain
CONTRIBUTORY (Secondary) Ex Laudin
(Duration) yrs. mos. ds.
(Signed) [illegible] M. D.
June 5, 1917 (Address) 3435 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. DATE OF BURIAL, June 7, 1917
20-UNDERTAKER Ensworth & Son ADDRESS 5617 Chestnut Ave

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 5866

CERTIFICATE OF DEATH.

D 5866

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Murphy

(Residence in Baltimore: No. None St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, May 9, 1859
(Month) (Day) (Year)

7-AGE, 56 yrs. ..... mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Coal 086
(b) General nature of industry, business, or establishment in which employed (or employer)..... Miner

9-BIRTHPLACE, (State or Country). Allegany Co. Md.

PARENTS.

10-NAME OF FATHER, Patrick Murphy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Pryle

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. P. Hamill

(Address) Asst. Warden

15. Filed JUN 6 - 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May - 21 1917, to June 3 1917, that I saw h.. alive on June - 3 1917, and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs.

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchio pneumonia.

Primary ..... (Duration) ..... yrs. ..... mos. 13 ds.

(Signed) William F. Edwards M. D.

6/4, 191.7 (Address) Md. Penitentiary.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 yrs. 4 mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Whole Summit - Allegany Co.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, June 7, 191.7

20-UNDERTAKER Hendrick & Mass Son

ADDRESS 805 N. Calvert St

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5867

CERTIFICATE OF DEATH.

17 D 5867

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 303 S. Carline St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjeman Lennon

(Residence in Baltimore: No. 303 S. Carline St

St. 11 yrs., 0 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 5 (Day), 1906 (Year)

7-AGE, 11 yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, Joseph Lennon

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Ada Lennon

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Balto St

15- JUN 6 - 1917 Filed....., 191... ROBERT R. KRAUTH Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Chas Ryan Thos Ca M. D. (Coroner.)

Jun 6, 1917 (Address) 16.10 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Mt Carmel	6/6, 1917
20-UNDERTAKER Jack Lewis	ADDRESS 1411 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

D 5868

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 N. Gay ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine A. Brown

(Residence in Baltimore: No. about 68 years St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1827 (Year)

7-AGE,	If LESS than 1 day,
90 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), North Point Maryland

PARENTS.

10-NAME OF FATHER, Wm Brown

11-BIRTHPLACE OF FATHER (State or Country), North Point Maryland

12-MAIDEN NAME OF MOTHER Mary Barker

13-BIRTHPLACE OF MOTHER (State or Country), Nark Point Md,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie A. Ross

(Address) 928 N. Gay St

15- Filed JUN 6 - 1917 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2nd 1917, to June 3rd 1917, that I saw h-a alive on ..... r 1917, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

..... Bronchial Pneumonia .....

..... (Duration) — yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Colds

..... (Duration) ..... yrs. — mos. 3d ds.

(Signed) Francis A. Sauer M. D.

6-5, 1917. (Address) 937 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Abby Cemetery — DATE OF BURIAL, June 7, 1917.

20-UNDERTAKER Chas. G. Bailey — ADDRESS 773 Jefferson St

Important. See instructions on back of certificate. Each statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

D 5869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 5869

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Pennington Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C Wiley

(Residence in Baltimore: No. 814 Pennington Ave St.; 17 yrs,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... September 16, 1850
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
66 yrs. 9 mos. 16 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... Rosenberg & Co.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Wesley Wiley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jane Cuson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)...Carrie C. Wiley.....

(Address)....814 Pennington Ave....

15- Filed. JUN 6 - 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4", 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1917, to June 4" 1917, that I saw h.im alive on June 4" 1917, and that death occurred, on the date stated above, at 11.55 p.m.

The CAUSE OF DEATH* was as follows:

Subacute Infective Endocarditis

..... (Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Unknown

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... A. F. Robinson ..... M. D.

June 6", 191.7 (Address) 1411 E. Northam Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, June 7., 191.7.

20-UNDERTAKER John O Mitchell

ADDRESS 1301 W Fayette St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 5870

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2935 N Calvert ST. 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME Alicia Custis Laws

(Residence in Baltimore: No. 2935 N Calvert St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
female	White	Widow

6-DATE OF BIRTH, ... June (Month) 12 (Day), 1843 (Year)

7-AGE, 73 yrs. 11 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, John Long

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Mary Lippincott

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William M. Laws

(Address) 2935 N. Calvert St.

15- Filed JUN 6 1917, 191.. HARRY C. ANDREWS Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 5 1917, to June 5 1917, that I saw h.r alive on June 5 1917, and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Internal (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac asthenia

(Duration) yrs. mos. 2 ds.

(Signed) Herbert R. Peck M. D.

June 6, 1917. (Address) 3070 W. N. ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. John's Cemetery DATE OF BURIAL, June 7, 1917

20-UNDERTAKER Waverly ADDRESS John O Mitchell 1201 W Fayette St

Important. See instructions on back of certificate. ...ly ...mplied. Each statement of OCCUPATION is very ...property

Spec.—8-24-14—M. & T.—2000 Bks.

D 5871

HEALTH DEPARTMENT—CITY OF BALTIMORE

146 D 5871

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Loyd

(Residence in Baltimore: No. 1 month in hospital St.; ....yrs. 1 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 30th (Month) (Day) 1904 (Year)

7-AGE, 13 yrs. 1 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School boy
(b) General nature of industry, business, or establishment in which employed (or employer)..... Boy

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Henry Loyd

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lenna Kirk

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

15-

Filed JUN 6 1917, 191.... HARRY C. ANDREWS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to June 5 1917, that I saw h.. alive on June 5 1917, and that death occurred, on the date stated above, at 1 30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Operation

(Duration) yrs. mos. 1 ds.

(Signed) L. E. Dauer M. D.

June 5, 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. 1 mos. ....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Princeton W. Va

19-PLACE OF BURIAL OR REMOVAL, Princeton W. Va — DATE OF BURIAL, June 6 191.7

20-UNDERTAKER Philip Herwig — ADDRESS 2016 2016 Oden

important. See instructions on back of certificate.

D 5872

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5872

CERTIFICATE OF DEATH.

174

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carroll N. Wagoner

(Residence in Baltimore: No. 1130 W Hamburg St.)

Yrs. 24 mos. 1 ds. 30

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, April 6, 1893
(Month) (Day) (Year)

7-AGE, 24 yrs. 1 mos. 30 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician 029
(b) General nature of industry, business, or establishment in which employed (or employer): Davison Chem. Co.

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Milton H Wagoner

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Carrie Cornelius

13-BIRTHPLACE OF MOTHER (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milton Wagoner

(Address) 408 Warkenave

15- JUN 6 - 1917 HARRY C. ARNETT

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration + Suppuration of R. Leg from bad burn accident at Davison Chem. Co. (Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Hemorrhage + Shock (Duration) .... yrs. .... mos. 4 hours

(Signed) James McFeeley M. D.
(Coroner.)

June 6, 1917 (Address) 702 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Davison Chemical Co.

Former or usual residence 1130 W Hamburg St.

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, June 8, 1917

20-UNDERTAKER Armstrong Denny Co

ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5873

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5873

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 809 N Bond ST WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME mary E Smith

(Residence in Baltimore: No. 809N bond st St.; Life mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
female	white	married

6-DATE OF BIRTH, March (Month) 4 (Day), 1867 (Year)

7-AGE, 50 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Balto md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thelma Smith

(Address) 809 N Bond st

15- Dated JUN 6 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 4 (Day) 1917 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inq iry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

, 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Jun 7, 1917

20-UNDERTAKER Wm J Schaffer — ADDRESS 8 S Front

D 5874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 D 5874

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 5 St. 15 WARD)

2-FULL NAME J. Kenneth Brittingham

(Residence in Baltimore: No. Belvedere Apartments St., Yrs. Life mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 11, 1905
(Month) (Day) (Year)

7-AGE, 12 yrs. 2 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Student
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, J.W.C. Brittingham

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sallie H Brady

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J.W.C. Brittingham

(Address) Belvedere Apts Walker

15-

Filed. JUN 6 - 1917 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull, Cerebral Hemorrhage
Injuries received by a St. R.R. Car
Passing over the body
(Accident) (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown (Duration) yrs. mos. ds.

(Signed) P. White M. D.
(Coroner)
June 5, 1917. (Address) 9 W. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, June 7, 1917

20-UNDERTAKER Chas E. Franck — ADDRESS 802 Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5875

CERTIFICATE OF DEATH.

91

D 5875

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 Bank ST., 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Dapize

(Residence in Baltimore: No. 1400 Bank St. St.; —yrs., 9 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) 8 (Day), 1916 (Year)

7-AGE, —yrs. 9 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Nicholas Dapize

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Josephine Ponzco

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicholas Dapize

(Address) 1400 Bank St.

15-

Filed JUN 6 1917, 191.... HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3 191 7, to June 5, 191 7, that I saw him alive on June 5, 191 7, and that death occurred, on the date stated above, at 4:05 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Eugene L. Pessagno M. D.

June 5, 191 7 (Address) 2314 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, June 7, 1917

20-UNDERTAKER Wendell Lippel Son

ADDRESS

important. See instructions on back of certificate.

D 5876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 5876

REGISTERED No. C.....

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 681 Columbia Ave ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Louise Meyer

(Residence in Baltimore: No. 681 Columbia Ave St.: yrs. 35 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... July 5th, 1847
(Month) (Day) (Year)

7-AGE, ... 69 yrs. 11 mos. 30 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Duties
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home 03

9-BIRTHPLACE, (State or Country), Talbot Co., Md.

PARENTS.

10-NAME OF FATHER, Julius Krause

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary E. Wute

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Meyer

(Address) 681 Columbia Ave

15- JUN 6 - 1917 Filed ..... 191.. HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 4th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) Gebrit D. Driscoll M. D.
(Coroner.)
June 6, 1917. (Address) 3127 Carroll

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, June 7, 1917

20-UNDERTAKER Mrs. Mrs. Johnston Jenkins

ADDRESS 801 N. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5877. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X108 D 5877

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen Elliott

(Residence in Baltimore: No. ~~Washington D.C.~~ 1846 Columbia Road St.; ..... yrs., ... mos. 15 ds.)

In Hospital

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, ... Feb. (Month) 5th (Day), 1865 (Year)

7-AGE, 52 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Army officer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Robt Elliott

11-BIRTHPLACE OF FATHER (State or Country), South Carolina

12-MAIDEN NAME OF MOTHER Caroline Elliott

13-BIRTHPLACE OF MOTHER (State or Country), South Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. C. Kelly M.D.

(Address) Union Prot. Infirmary

15- Filed JUN 6 1917 HARRY C. ANDREWS Registrar. No..... Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 6th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22nd 1917, to June 6th 1917, that I saw h im alive on June 6th 1917, and that death occurred, on the date stated above, at 8.55 P m.

The CAUSE OF DEATH* was as follows:

Cholecystitis Chr. Appendicitis.

Operation May 24th 17

..... (Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis (Acute) Myocardial insufficiency

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hugh. C. F. Gill M. D.

....., 191.7. (Address) Union Protestant Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 15 ds. In the State ..... yrs. ..... mos. 15 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Washington D.C.

19-PLACE OF BURIAL OR REMOVAL, Arlington Cem Va

DATE OF BURIAL, June 7, 191.7.

20-UNDERTAKER J. T. Mitchell

ADDRESS 1201 W. Fayette

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5878 — 79 ✓ — D 5878

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 111 W Perry ST.; 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Green

(Residence in Baltimore: No. 111 W Perry St.; 36 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb (Month) 7 (Day), 1877 (Year)

7-AGE, 40 yrs. 3 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Benjamin Blackwell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Do.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas E Green

(Address) 111 W Perry St.

15- JUN 7 1917 191 ROBERT R. KRA[illegible] Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1916, to June 5 1917, that I saw h er alive on June 3 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular Disease

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. S. McCarl M. D.

6/5, 1917. (Address) 2005 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Easton Md Easton Point — DATE OF BURIAL, June 7, 1917

20-UNDERTAKER Wm H Harper — ADDRESS 609 Little Roach St

Important. See instructions on back of certificate. Any classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5879

92

D 5879

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Cornell St.; 27 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ramie Hamilton

(Residence in Baltimore: No. 603 Cornell St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 170

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Gates

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah .....

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Hall

(Address) 608 Cornell St

15- Filed JUN 7 - 1917, 191.. ROBERT B. KRAUSE Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1917, to June 5 1917, that I saw h[illegible] alive on June 5 1917, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Robert Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

June 5, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, June 8, 1917.

20-UNDERTAKER Wood & Hooper — ADDRESS 602 Pitt Road

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5880

CERTIFICATE OF DEATH.

28 ✓ D 5380

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Baker ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Percy Burrow

(Residence in Baltimore: No. 612 Baker St.; 15 yrs., X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. April 9th (Month) (Day), 1895 (Year)

7-AGE. 22 yrs. 1 mos. 26 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Day

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. Robt Burrow

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Louisa Jackson

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Burrow

(Address) 612 Baker St

15-

Filed JUN 7 - 1917, 191... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 5th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19th 1917, to June 5th 1917, that I saw h[illegible] alive on June 3rd 1917, and that death occurred, on the date stated above, at 8 AM m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. 4 mos. X ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry F. Brown M. D.

June 6, 1917. (Address) 1501 Pressman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemetery — DATE OF BURIAL. June 7, 1917.

20-UNDERTAKER Geo W Boarman — ADDRESS 631 Druid Hill

important. See instructions on back of certificate.

may be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5881

CERTIFICATE OF DEATH.

170 ✓

D 5881

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2046 Fountain St.; 7 WARD)

REGISTERED No. C

2-FULL NAME George N. Schlund.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2046 Fountain St.; 50 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, (Month) May (Day) 31 st, (Year) 1845

7-AGE, 72 yrs. 2 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Laborer 040 (b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Conrad Schlund

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mary Wippel

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Schlund

(Address) 2046 Fountain St.

15- JUN 7 1917 191... ROBERT B. KRAUS Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) June (Day) 5 th, (Year) 1917.

17- I HEREBY CERTIFY, That I attended deceased from April 9 1917, to June 5 1917, that I saw h[illegible] alive on June 4 1917, and that death occurred, on the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis about 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation (Duration) 1 yrs. 4 mos. ds.

(Signed) Geo Heller M. D.

June 6, 1917 (Address) 1937 Forest St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart — DATE OF BURIAL, June 8, 1917.

20-UNDERTAKER Lilly-Zeiler — ADDRESS 403 S. Wolfe

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5882

CERTIFICATE OF DEATH.

152 ✓

D 5882

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 Mott St. ST.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Scott. No II.

(Residence in Baltimore: No. 413 Mott St. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, June (Month) 4 (Day), 1917 (Year).

7-AGE, — yrs. — mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — —
(b) General nature of industry, business, or establishment in which employed (or employer) — 600

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Scott.

11-BIRTHPLACE OF FATHER (State or Country), Kentucky

12-MAIDEN NAME OF MOTHER Charlotta Boyle

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- JUN 7 - 1917 Filed....., 191.... ROBERT R. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 4 1917, to June 5 1917, that I saw h.. alive on June 4 1917, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Prematurity

Breech Presentation

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) John Thomas M. D.

male, 191.7 (Address) 1 W. Mt. Royal

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	JUN 6 - 1917 191...
20-UNDERTAKER Commissioner of Health.	ADDRESS

important. See instructions on back of certificate.

Minnie Elderbrock

D 5883

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 5883

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2009 E. Jefferson St.; 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minn Elderbrock.

(Residence in Baltimore: No. 2009 E. Jefferson St. St.; 46 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct. (Month) 20 (Day) 1870 (Year)

7-AGE: 46 yrs. 7 mos. 16 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balt.

PARENTS

10-NAME OF FATHER: August Elderbrock,

11-BIRTHPLACE OF FATHER (State or country): Germany,

12-MAIDEN NAME OF MOTHER: Margarite Kratz

13-BIRTHPLACE OF MOTHER (State or country): Da.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) August Elderbrock

(Address) 2009 E Jefferson St

15- JUN 7 - 1917 ROBERT R. KRAUTHEIM Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 5 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan ....., 1915, to June 5 1917, that I saw her alive on June 4 1917, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) J. K. Gorsuch M. D.

June 7th 1917 [Address] 417 N. Dakota St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: June 8 1917

20-UNDERTAKER: Lilly & Zeller — ADDRESS: 403 S Wolfe

U. S. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 5884

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 S. Patterson Park Ave (ST. OR AVENUE)

2-FULL NAME Emma Berlschi

(Residence in Baltimore: No. 633 S. Patterson Park ave St.; 34 yrs. 37 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Singer

6-DATE OF BIRTH, Sept. 11 (Month) (Day), 1882 (Year)

7-AGE, 34 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer), at home

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Bernard Berlschi

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Dorad

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard Berlschi

(Address) 633 S. Patterson Park ave

15 Filed JUN 7 - 1917, 191.. ROBERT R. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1917, to June 5 1917, that I saw her alive on June 2 1917, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

1. Pneumonia (Duration) 1 yrs. 1 mos. 1 ds.
2. Bronchitis
3. Heart Failure
4.

CONTRIBUTORY (Secondary) Hemorrhage Colon (Duration) yrs. mos. ds.

(Signed) Fred. H. Wirth M. D.

June 6, 1917. (Address) 1721 First St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, June 8, 1917

20-UNDERTAKER Wendell Lippel & Son ADDRESS 37 S. Ann St.

over

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

D 5885

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 ✓

D 5885

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1525 Holbrook ST. 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frances H. O'Neill

(Residence in Baltimore: No. 1525 Holbrook St.: 2 yrs. 4 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Jan (Month) 17 (Day), 1915 (Year)

7 AGE: 2 yrs. 4 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Balto.

PARENTS

10 NAME OF FATHER: John O'Neill

11 BIRTHPLACE OF FATHER (State or country): Balto

12 MAIDEN NAME OF MOTHER: Margt. Boegner.

13 BIRTHPLACE OF MOTHER (State or country): Balto.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John O'Neill.

(Address) 1525 Holbrook St.

JUN 7 - 1917

Filed ....., 191.... ROBERT R. KRAUTH

Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 5 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1917, to June 5 1917.
that I saw her alive on June 5, 1917.
and that death occurred, on the date stated above, at 10 P. m.
The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

About (Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 1½ ds.

(Signed), Walter A. Brem M.D.

June 6, 191 7 (Address) 100 E 20th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cty. DATE OF BURIAL: June 7th, 1917

20 UNDERTAKER: E. A. Widefeld Jr. ADDRESS: 2113 Greenmount Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5886

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5886

CERTIFICATE OF DEATH.

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 26 I8 Ashland ave ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Louise Lingelbach

(Residence in Baltimore: No. 2618 Ashland ave St.; yrs., 63 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
female	whiteb	Widow

6-DATE OF BIRTH, May (Month) I4 (Day) I833 / (Year)

7-AGE, 84 yrs. mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Hw
(b) General nature of industry, business, or establishment in which employed (or employer) 080

9-BIRTHPLACE. (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Bauer

(Address) 2618 Awland ave

15- Filed JUN 7 - 1917 191 ROBERT B. KRAUS Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5 (Day) 1917, 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) 2 yrs. mos. ds.

(Signed) J. Kay Duke M. D. (Coroner.)

June 5, 1917. (Address) 1 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem — DATE OF BURIAL, June 7 1917

20-UNDERTAKER Philip Herring — ADDRESS 2016 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5887 HEALTH DEPARTMENT—CITY OF BALTIMORE D 5887

CERTIFICATE OF DEATH. REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 617 Columbia Ave. St.; 22 WARD)
2-FULL NAME William Edward Rodgers
(Residence in Baltimore: No. 126 Camp Ave. Norfolk Va. St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ..., 1 ..... (Month) (Day) (Year)

7-AGE, 32 yrs. ..... mos. ..... ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Norfolk Va

PARENTS.
10-NAME OF FATHER, Wm. J. Rodgers
11-BIRTHPLACE OF FATHER (State or Country), Unknown
12-MAIDEN NAME OF MOTHER Ada Garland
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) M. L. Rodgers.
(Address) 926 Mariner St. Norfolk Va

15- FILED JUN 7 1917 191.... ROBERT B. KRAUS Burial Permit [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., June 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.
The CAUSE OF DEATH* was as follows:
Morphine Poison, (overdose) accidental.
..... (Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Habit
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Albert L. Driscoll M. D.
June 6, 1917. (Address) 512 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Norfolk Va. DATE OF BURIAL, June 7, 1917.
20-UNDERTAKER Wm J Tucker & Son ADDRESS Camden & Bank St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 155

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Ruth Sauerbrey ST.: 15 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

(Residence in Baltimore: No. 2001 Presstman St. 19 St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWER, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ...August.... 14, 1896
(Month) (Day) (Year)

7-AGE, 20 yrs. 10 mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House 037
(b) General nature of industry, business, or establishment in which employed (or employer): Clerk

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.
10-NAME OF FATHER: Don't Know
11-BIRTHPLACE OF FATHER (State or Country): " "
12-MAIDEN NAME OF MOTHER: " "
13-BIRTHPLACE OF MOTHER (State or Country): Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Henry Siegrist
(Address) Presstman & Kenyon St

15- Filed JUN 7 - 1917, 191.... ROBERT R. KRAUTER Burial Permit Officer

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
Pneumonia
(Duration) ....yrs. ....mos. 5 ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
(Duration) ....yrs. ....mos. ....ds.
(Signed) H. Mitchell Cumming M. D.
(Coroner.)
June 7, 1917 (Address) 5191 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oaklawn
DATE OF BURIAL, June 7, 1917
20-UNDERTAKER: Wm. Cook
ADDRESS 502 E. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5889

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

186 D 5889

REGISTERED No. C.....

1-PLACE OF DEATH

CITY BALTIMORE (No. University Hospital ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Brierley

(Residence in Baltimore: No. 915 Penn Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ..., 1889
(Month) (Day) (Year)

7-AGE, 28 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): (03)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Leonard P Singer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Record

(Address) Broadway & Lombard

15- Filed JUN 7 - 1917, 191.. ROBERT R. KRAUTH Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia following incomplete abortion, (criminal)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert D Driscoll M. D.
(Coroner)
June 6, 1917. (Address) 312 W Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS): At place University Hospital In the city of death 4 yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oaklawn Cem | DATE OF BURIAL, June 7, 19..

20-UNDERTAKER Daniel Easton | ADDRESS 916 Penna ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Catherine Middleton

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5890

CERTIFICATE OF DEATH.

91

REGISTERED No. C D 5890

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 566 Hanover St. 17 WARD)

2-FULL NAME Catherine Middleton

(Residence in Baltimore: No. 566 Hanover St.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Apr. (Month) 1 (Day), 1917 (Year)

7-AGE, yrs. 1 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edward Middleton

11-BIRTHPLACE OF FATHER (State or Country), Balt

12-MAIDEN NAME OF MOTHER Louisa Horn

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Catherine

(Address) 566 Hanover

15-

Filed JUN 7 - 1917 191 ROBERT B. KRA[illegible]

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubular Pregnancy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Hemorrhage

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. W. Atkinson (Coroner.) M. D.

....., 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, June 7, 1917

20-UNDERTAKER Hand Eastern

ADDRESS 916 Penna Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5891 18 D 5891

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 136 Eden St ST.: 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Young

(Residence in Baltimore: No. 136 E. Eden St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, 47 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Odd

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed JUN 7 - 1917, 191.. ROBERT B. KRAUTER Registrar

Burial Permit Issued

Morgue

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28th ....., 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Erysipelas

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Chas. Lyon Amd Cy M. D. (Coroner)

June 6, 1917. (Address) 1610 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND.

Commissioner of Health.

Spec.—8-24-14—M. & P. 5000 hds.

D 5892

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5892

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 N. Charles ST.; 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Stephen Asbury Jenkins

Residence in Baltimore: No. 1703 N. Charles St.; 20 yrs. mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Nov. 11, 1846
(Month) (Day) (Year)

7-AGE, 71 yrs. 7 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bridge Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): B&O

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Maurice Jenkins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Lark

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Trust

(Address) 1703 N. Charles St

15-

Filed JUN 7 - 1917 191.. HARRY O. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1917, to June 7 1917, that I saw him alive on June 6 1917, and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Obstruction of Bowel

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Gastro-enteritis

(Duration) yrs. mos. 5 ds.

(Signed) J. F. Hawthorne M. D.

6-7, 191.7 (Address) 1 E. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, June 10, 191.7

20-UNDERTAKER, True Cook — ADDRESS 707 E Northern

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5893

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 964 Franklin Road ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Martin

(Residence in Baltimore: No. 964 Franklin Road St.; 65 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, August (Month) 22 (Day), 1840 (Year)

7-AGE, 76 yrs. 9 mos. 14 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): —

086

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Martin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Helen McCormick

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. Martin

(Address) 964 Franklin Road

15- Filed JUN 7 1917 191... HARRY C. ANDREWS Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 10 1916, to June 5 1917, that I saw him alive on June 5 1917, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Stenosis

Chronic Parenchymatous Nephritis

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) 10 hours yrs. ... mos. ... ds.

(Signed) Wm. Grand M. D.

6/5, 1917. (Address) 1925 W. Fulton ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, June 8, 1917.

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Gilmor St.

Be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1458 Battery Ave ST.; 24 WARD) REGISTERED No. C 150 D 5894

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marguette Richen

(Residence in Baltimore: No. 1458 Battery Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Nov. 26, 1884
(Month) (Day) (Year)

7-AGE, 32 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... 037
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home Unk.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gregor Richen

(Address) 1458 Battery Ave

15- Filed JUN 7 - 1917, 191... MARY G. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1917, to June 6 1917, that I saw h[illegible] alive on June 5 1917, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) old age

(Duration) yrs. mos. ds.

(Signed) C Winkler M. D.

June 6, 1917 (Address) 1279 William St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn. DATE OF BURIAL, June 9, 1917.

20-UNDERTAKER E. J. Fanning ADDRESS 1460 Baltimore

(If not in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5895

CERTIFICATE OF DEATH.

104 D 5895

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Klein.

(Residence in Baltimore: No. University Hospital yrs., mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 26, 1917
(Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 11 ds.

If LESS than 1 day, 0 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country) Maryland.

PARENTS.

10-NAME OF FATHER, Chapin Klein.

11-BIRTHPLACE OF FATHER (State or Country) Maryland.

12-MAIDEN NAME OF MOTHER Lena Klein.

13-BIRTHPLACE OF MOTHER (State or Country) Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Klein

(Address) University Hospital

15-

Filed JUN 7 1917, 191 HARRY C. ANDREWS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-26 1917, to 6-6 1917, that I saw h[illegible] alive on 6-6 1917, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) I. C. Watkins M. D.

6-6-, 191.7 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State yrs. mos. 11 ds.

Where was disease contracted, if not at place of death? At Hospital

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem. DATE OF BURIAL, June 1917

20-UNDERTAKER Tobey & Conway ADDRESS 901 Hollins St

Persons required by law to report deaths will please state the plain facts, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 5896

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Eastern Ave. St.; V WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Giessner

(Residence in Baltimore: No. 1819 Eastern Ave. St.; 27 yrs., 10 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 29, 1889 (Month) (Day) (Year)

7-AGE. 27 yrs. 10 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 04
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Conrad Giessner

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Josepa Wojciechowicz

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stephen Giessner

(Address) 1819 Eastern Ave

15- Filed JUN 7 - 1917, 191.....

HENRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June - 6 - (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 — 1917, to June 6 1917, that I saw h— alive on June 6 1917, and that death occurred, on the date stated above, at 11-25 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(Duration) yrs. mos. 5 ds.

(Signed) Duke Brown M. D.

June 7, 1917. (Address) 125 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, June 7, 1917

20-UNDERTAKER William Finkowski — ADDRESS 1618 Eastern

Should be entered in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5897 ✓ 104 D 5897

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 Aliceanna ST.; W WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F Maurer

(Residence in Baltimore: No. 2026 Aliceanna St.; 1 yrs., 8 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept 15, 1915. (Month) (Day) (Year)

7-AGE, 1 yrs. 8 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Wm F Maurer

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Anna Mandler

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Wm F Maurer

(Address) 2026 Aliceanna St

15- JUN 7 - 1917 Filed....., 191.... MARY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 1917, to June 6 1917, that I saw him alive on June 5th 1917, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Dysentery (Dysenteric form of Diarrhoea Infantile (Colon and Rectum)

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. L. Hardy M. D.

June 7, 1917. (Address) 1902 Bank St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem	June 8, 1917.
20-UNDERTAKER Peter Nicolaus	ADDRESS 2046 Eastern Ave

Fill in all blanks with typewriter or in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5893

HEALTH DEPARTMENT—CITY OF BALTIMORE

17

D 5893

CERTIFICATE OF DEATH.

REGISTERED No. C +182

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 8 Mercy Hospital St. 4 WARD)
2-FULL NAME Grover Coats
(Residence in Baltimore: No. ~~Fairfield A. A Co~~ In Hospital St.; yrs., mos. 6 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married
6-DATE OF BIRTH, Unknown, (Month) (Day) 1876 (Year)
7-AGE. 41 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?
8-OCCUPATION: (a) Trade, profession, or particular kind of work. Laborer (b) General nature of industry, business, or establishment in which employed (or employer). Odd
9-BIRTHPLACE, (State or Country), Charles Co. Md

PARENTS.
10-NAME OF FATHER. Frank Coats
11-BIRTHPLACE OF FATHER (State or Country). Charles Co Md
12-MAIDEN NAME OF MOTHER. Unknown
13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Mary Coats
(Address) Fairfield A A Co

15- JUN 7 - 1917 Filed ....., 191.... HARRY C. ANDREWS Registrar.

Burial Form 14. Cl...

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest & autopsy (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH was as follows:
Pulm. Tbc. Laryngitis Chronic.
Tract. Larynx. Homicide
Abt 6 days (Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Pneumothorax & Asphyxia
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M Zahn (Coroner) ..... M. D.
June 7, 1917. (Address) 1657 Broad

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death 6 days In the State Life yrs. mos. ds.
Where was disease contracted, if not at place of death? Fairfield A A Co Md.
Former or usual residence Fairfield A A Co.

19-PLACE OF BURIAL OR REMOVAL, Hughesville. Station. Charles Co Md
DATE OF BURIAL, June 8, 1917
20-UNDERTAKER Wm. Balt. A. Elliott
ADDRESS 504 East St.

CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

D 5899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 Seadenhall ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Roosevelt Keys

(Residence in Baltimore: No. 938 Seadenhall St.; ....yrs. ....mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, May 27, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Henry Keys Jr.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Gladys Clary

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Henry Keys Jr.

(Address)..... 938 Seadenhall

15- Filed JUN 8 - 1917, 191..; ROBERT B. [illegible] Registrar.

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June, 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May, 27, 1917, to June, 7, 1917, that I saw h[illegible] alive on June, 6, 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility
(Development poor [illegible] bad cord)..... (Duration).....yrs. .....mos. 11 ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs. .....mos. .....ds.

(Signed) W. and Franklin M. D.

6/7/, 191.7 (Address) 17 N. W. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	June 8, 191.7
20-UNDERTAKER	ADDRESS
C. T. Brandson	1[illegible] N. Monroe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5900

CERTIFICATE OF DEATH.

28 D 5900

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 1747 E Eager ST.; 47 WARD)

2. FULL NAME Chas. F. Foster

(Residence in Baltimore: No. 1747 E Eager St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 5 (Day), 1855 (Year)

7-AGE, 62 yrs. 2 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Both
(b) General nature of industry, business, or establishment in which employed (or employer): Keeper

9-BIRTHPLACE, (State or Country), Balto,

PARENTS.

10-NAME OF FATHER, Jacob Foster

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia Drenning

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) May Foster

(Address) 1747 Eager St.

15. JUN 8 - 1917 Filed....., 191.... ROBERT R. KRAUSE Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner) M. D.

151 (Address) 41 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, June 9, 1917

20-UNDERTAKER Fiedler & Birkler ADDRESS 1739 E Eager St

CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5901

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

14 D 5901

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Lena Fried

(Residence in Baltimore: No. 230 S. Caroline St. St.; 15 yrs., — mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June — (Month) (Day), 1878 (Year)

7-AGE, 39 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Balto St

15- Filed JUN 8 - 1917, 191.... ROBERT R. KRAUTH Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from May 6 1917, to June 8 1917, that I saw her alive on June 8 1917, and that death occurred, on the date stated above, at 1.40 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis
(Probably of streptococcic origin)

..... (Duration) At least 3 mos.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (Duration) 8 hrs

(Signed) Norwood N. Vore M. D.

6-8-, 191.7 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 1 ds. In the State .... yrs. not known mos. .... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 230 S. Caroline St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, 6/8, 1917

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Balto

CAUSE OF DEATH to be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 5902

CERTIFICATE OF DEATH.

92 D 5902

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1146 N. Carey ST.; 16 WARD)

2-FULL NAME William Corbin

(Residence in Baltimore: No.) 1146 N. Carey St.; ..... yrs., 2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. Unknown (Month) ..... (Day), 1885. (Year)

7-AGE. 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Oystershucker
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Cornelius Corbin

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Maria Brown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna Carbon

(Address) 1146 N. Carey St

15- Filed JUN 8 - 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June (Month) 7 (Day), 1917. (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 2 1917, to June 7 1917, that I saw h~~im~~ alive on June 7 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was ~~as~~ follows:

Exophthalmic Goiter

~~via~~

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw. L. Wheeler M. D.

6/8/, 191.7. (Address) 125 S. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Harps Wharf Va DATE OF BURIAL. June 8, 191.7

20-UNDERTAKER Clarence Wright ADDRESS 1146 N. Carey.

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5903

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 17 WARD)

2-FULL NAME Kathleen Sewell

(Residence in Baltimore: No. 508 Munsen Al. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, ... September 8, 1912
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
4 yrs. 8 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Robert Howell

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lillian Carter

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Hardy

(Address) Johns Hopkins Hospital

15- Filed JUN 8 1917, 191.... ROBERT R. KRAUTER Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1917, to June 7 1917, that I saw her alive on June 7 1917, and that death occurred, on the date stated above, at 9 45 a.m.

The CAUSE OF DEATH* was as follows:

..... Measles -

.....

..... (Duration) 0 yrs. 0 mos. 12 ds.

CONTRIBUTORY (Secondary) Pneumonia -

..... (Duration) 0 yrs. 0 mos. 25 ds.

(Signed) Henry B. Conrad - M. D.

June 7, 1917. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. 24 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 508 Munsen Al

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Md Cemetery	June 8, 1917.

20-UNDERTAKER	ADDRESS
Jno A Joseph	1811 W Bill

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5904

CERTIFICATE OF DEATH.

D 5904

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3432 Mondawmin Ave St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R. Latchford

(Residence in Baltimore: No. 3432 Mondawmin Ave St.; 4 yrs., 10 mos., 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. (Month) 4 (Day), 1912 (Year)

7-AGE, 4 yrs. 10 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John A. Latchford

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Helen Joyce

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Latchford

(Address) 3432 Mondawmin Ave

15- Filed JUN 8 - 1917, 191.... ROBERT R. KRAUT... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6" (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3" 1917, to June 6" 1917, that I saw him alive on June 6" 1917, and that death occurred, on the date stated above, at 9.45 P.M.

The CAUSE OF DEATH* was as follows:

Glioma of Brain

(Duration) yrs. 2 mos. 3 ds.

CONTRIBUTORY (Secondary) General paralysis

(Duration) yrs. mos. 20 ds.

(Signed) Herbert E. Pepp M. D.

June 7, 191.7 (Address) 305 W. Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Bethesda Cemetery DATE OF BURIAL, June 9, 191.7.

20-UNDERTAKER Carl Adams & Son ADDRESS 118 N. Mt. Ra...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 5905

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

REGISTERED NO. C D 5905

CITY OF BALTIMORE: (No. Mercy Hospital St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Schmidt

(Residence in Baltimore: No. 2211 Eutaw Place St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1863 (Year)

7-AGE, 54 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer) " 05

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Europe "

12-MAIDEN NAME OF MOTHER Mary Seigel

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Chas St

15-

Filed JUN 8 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8 1917, to June 8 1917, that I saw h[illegible] alive on June 8 1917, and that death occurred, on the date stated above, at 8:55 A.M. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Coma

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

June 8, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2211 Eutaw Place

Former or usual residence 2211 Eutaw Place

19-PLACE OF BURIAL OR REMOVAL, Oheb Sholam

DATE OF BURIAL, June 10, 1917

20-UNDERTAKER David Rondheim

ADDRESS 118 W Mt Royal Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5906

CERTIFICATE OF DEATH.

D 5906

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4016 Bateman ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Dampman

(Residence in Baltimore: No. 4016 Bateman Avenue St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Dec 11, 1840 (Month) (Day) (Year)

7-AGE, 76 yrs. 5 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Miller
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Lancaster Co Pa

PARENTS.

10-NAME OF FATHER: William Dampman

11-BIRTHPLACE OF FATHER (State or Country): Pennsylvania

12-MAIDEN NAME OF MOTHER: Catharine Hemores

13-BIRTHPLACE OF MOTHER (State or Country): Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Dampman

(Address) 4016 Bateman Ave

15- Filed JUN 8 - 1917, 191..... ROBERT R. KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6", 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20" 1917, to June 6" 1917, that I saw him alive on June 6" 1917, and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Herbert P. Bell M. D.

June 7", 191.7 (Address) 3113 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Presbyterian Gorans — DATE OF BURIAL, June 8.., 191.7

20-UNDERTAKER William Cook — ADDRESS 502 E. North

North on Ninth St Rosedale car

Burial Permit

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17
4
6

D 5907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 5907

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. In Coff on Widow 14 ST.; Brent St. WARD)

2-FULL NAME Joseph Davis

(Residence in Baltimore: No. 553 Bloom St.; yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, March, 1870
(Month) (Day) (Year)

7-AGE, 47 yrs. Eleven mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 243 04

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Davis

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna Gruff

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estella Mahedel

(Address) 553 Bloom

15- JUN 8 - 1917 191.. ROBERT R. KRAUSE Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Contributory (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) H. Hollins (Coroner.) M. D.

June 7, 191.. (Address) Hyde Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State Born yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Lot Auburn — DATE OF BURIAL, June 8 1917.

20-UNDERTAKER Edward Ringgold — ADDRESS 1463 Carey St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 D 5908

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Bell.

(Residence in Baltimore: No. 1259 Columbia Ave St.; .....yrs., 4 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 6" 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frank Bell

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Gertrude E. McCormick

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. M. Hardy

(Address) Johns Hopkins Hospital

15- ROBERT R. KRAUTH

FILED JUN 8 - 1917 191.... Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7" 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 1917, to June 7 1917, that I saw h[illegible] alive on June 7 1917, and that death occurred, on the date stated above, at 2 00 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

.....

.....

..... (Duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary)

Spina bifida (Duration) .....yrs. 3 mos. 10 ds.

(Signed) Henry B. Conrad M. D.

June 7, 1917. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. 3 mos. 10 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1259 Columbia ave

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, June 9", 1917.

20-UNDERTAKER Joseph D. Cook — ADDRESS 1003 W Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Chas J. Bugley

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5909

CERTIFICATE OF DEATH.

64 D 5909

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2514 Guilford Ave ST.; W. WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas J. Bugley.

(Residence in Baltimore: No. 2514 Guilford Ave St.; yrs. 27 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov. 14, 1885.
(Month) (Day) (Year)

7-AGE, 78 yrs. 7 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Dr

9-BIRTHPLACE, (State or Country), Portsmouth Va

PARENTS.

10-NAME OF FATHER, Jos. S Bugley

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Catherine Patterson

13-BIRTHPLACE OF MOTHER (State or Country), N. Y. State

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. McC. Bugley

(Address) 1903 Asburton St

15- ROBERT R. KRAUTER

Filed JUN 8 1917 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.)
.....find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

a/c of Old age

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Thos. J. Mountain M. D.
(Coroner.)

June 6 191.. (Address) 353 2 Rd Lund Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, June 9., 19.17

20-UNDERTAKER Joseph B Cook — ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5910

CERTIFICATE OF DEATH.

+ 170 D 5910

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Cromwell

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, March 24, 1878
(Month) (Day) (Year)

7-AGE, 39 yrs. 2 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Jordan

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Sollers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Sister Mercy Hospital

(Address)..... Calvert St.

15- Filed JUN 8 - 1917, 191..... ROBERT R. KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1917, to June 6 1917, that I saw her alive on June 6 1917 and that death occurred, on the date stated above, at 1.45 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

Grippe Pneumonia (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Tuberculosis Abdominal (Duration) ....yrs. 1 mos. ....ds.

(Signed) Edward J. Bennett M. D.

June 6, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2½ ds. In the State ....yrs. 15 mos. ....ds.

Where was disease contracted, if not at place of death? Harford Co. near Belair

Former or usual residence Harford Co. Near Belair

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Fallston Md	June 8., 191.
20-UNDERTAKER Wm J. Tickner & Sons	ADDRESS Pratt ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 5911

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1700 Barclay St. ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles P Williams

(Residence in Baltimore: No. 1700 Barclay St

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1866 (Year)

7-AGE, 51 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): O'S

9-BIRTHPLACE, (State or Country), Spotsylvania Co Va

PARENTS.

10-NAME OF FATHER, Charles Williams

11-BIRTHPLACE OF FATHER (State or Country), dont know

12-MAIDEN NAME OF MOTHER Frankie Martin

13-BIRTHPLACE OF MOTHER (State or Country), Va,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna B Williams

(Address) 1700 Barclay St.

15- JUN 8 - 1917 Filed ....., 191.. ROBERT R. KRAUTER Registrar.

Burial Permit ISS'D

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilation

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fibroid

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Riley (Coroner.) M. D.

June 8 1917 (Address) 1635 Bruce

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Lynchburg Campbell Co — DATE OF BURIAL, June 9.., 191.

20-UNDERTAKER J. W. Lowe Cook. — ADDRESS 507 E. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5912

CERTIFICATE OF DEATH.

109 D 5912

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Albemarle ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Orsini

(Residence in Baltimore: No. 503 Albemarle St.: 4 yrs., — mos., — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 5th (Day), 1898 (Year)

7-AGE, 19 yrs. — mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Gen'l

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Fabilo Orsini

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rosa DiTomate

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Orsini

(Address) 503 Albemarle St.

15- JUN 8 - 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6th (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 3, 1917, to June 6, 1917, that I saw h[im] alive on June 6, 1917, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Spastic Pleus

..... (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Eugene L Cusumano M. D.

June 7, 1917. (Address) 2314 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincent	June 9th, 1917.

20-UNDERTAKER Wendell Tippel & Son ADDRESS 330 S. Bond St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5913

CERTIFICATE OF DEATH.

151 D 5913

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 Homewood Av 9 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Armstrong

(Residence in Baltimore: No. 2110 Homewood Av St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)

6-DATE OF BIRTH, June (Month) 6 (Day) 1917 (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, 10 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. Palmer R. Armstrong

11-BIRTHPLACE OF FATHER (State or Country). Harford Co

12-MAIDEN NAME OF MOTHER. May Lillie Gaver

13-BIRTHPLACE OF MOTHER (State or Country). Frederick Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) May Lillie Armstrong

(Address) 2110 Homewood

15- Filed JUN 8 - 1917 191..... ROBERT R. KRAUDER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1917, to June 8 1917, that I saw her alive on June 7 1917, and that death occurred, on the date stated above, at 4 A. M. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

About 6 1/2 month

Cause Injury

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) N. L. Fair M. D.

June 8., 1917. (Address) 12 E. 25 St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, June 8., 1917.

20-UNDERTAKER Lowe Cook

ADDRESS 502 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5914

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5914

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 N. Wolf ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Kaufman

(Residence in Baltimore: No. 209 N. Wolf St.; 2 yrs., 5 mos., 9 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, January (Month) 28 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
2 yrs. 5 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Bernard A. Kaufman

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Kitturah McCready

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Kaufman

(Address) 209 N. Wolf St.

15- JUN 8 1917 Filed....., 191.... ROBERT R. KRAUDER Registrar.

Burial Perm

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5th 1917, to June 6th 1917, that I saw h-im alive on June 6th 1917, and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:

1 Broncho-pneumonia

(Duration).....yrs.....mos. 8 ds.

CONTRIBUTORY (Secondary) None

(Duration).....yrs. .....mos.....ds.

(Signed) Chas. J. Gross M. D.

June 7th, 1917. (Address) 625 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, June 8, 1917

20-UNDERTAKER Christian Miller

ADDRESS 2389 E. Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

D 5915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 28. D 5915

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 E. Hamburg ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosia Grantland

(Residence if Baltimore: No. 304 E Hamburg St.; 58 yrs., 5 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	White	Married

6-DATE OF BIRTH, January 27, 1859 (Month) (Day) (Year)

7-AGE, 58 yrs. 5 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, John. Kirchner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eva Smith

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Grantland

(Address) 304 E. Hamburg

15- JUN 8 - 1917 ROBERT R. KRAUTH
Filed....., 191.....
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29 1917, to June 4 1917, that I saw h-- alive on June 4 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Exhaustion

(Duration) Has not known mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) P. L. Kayser M. D.

June 8, 1917. (Address) Wilkens & Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Cedar Hill	6/10....., 1917
20-UNDERTAKER	ADDRESS
J. Few McCully	130 E. Fort.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 5916

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1751 Homestead ST.; 9 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maurice E. Cox

(Residence in Baltimore: No. 1751 Homestead St.; 2 yrs., mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Single

6-DATE OF BIRTH, May 8, 1915
(Month) (Day) (Year)

7-AGE, 2 yrs. mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Ethbert Cox

11-BIRTHPLACE OF FATHER (State or Country), Essex Co. Va.

12-MAIDEN NAME OF MOTHER Margaret Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ethbert Cox

(Address) 1751 Homestead

15 JUN 8 - 1917 Filed, 191... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1917, to June 7 1917, that I saw h[illegible] alive on June 7 1917, and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:

Interstitial pneumonia

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 7 ds.

(Signed) H. Lung Fox M. D.

June 8, 1917. (Address) 130 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Pk Cem — DATE OF BURIAL, 6, 1917.

20-UNDERTAKER J. Frew McEnlly — ADDRESS 130 E. Fort.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5917

79

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1226 Ethig ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Robinson

(Residence in Baltimore: No. 1226 Ethig St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	colo	Married

6-DATE OF BIRTH, ... (Month), 1 (Day) ..... (Year)

7-AGE, 77 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butler
(b) General nature of industry, business, or establishment in which employed (or employer): 17 0 16

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thos Robinson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anita Gaskins

(Address) 1758 Druid Hill Ave

15- Filed JUN 8 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Failure

Chronic Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) C. W. Mahoney M. D.
(Coroner.)

June 8, 1917. (Address) 1758 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	6/8, 191..

20-UNDERTAKER	ADDRESS
Samuel S. Hemler	1758 Druid Hill Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 D 5918

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital 12 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thurley Storck,

(Residence in Baltimore: No. 1513 Clifton Ave St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 20, (Day) 1900 (Year)

7-AGE 16 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Crown Cork, Co

9-BIRTHPLACE, (State or Country), Balto,

PARENTS.

10-NAME OF FATHER, Thos S Storck

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Maggie Criswell

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leslie Shipley

(Address) 2458 Greenmount

15- Filed JUN 8 - 1917 191.. ROBERT B. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6, (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism
Struck by automobile
Accident (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) , (Duration) yrs. mos. ds.

(Signed) C. Wirt Fuller M. D. (Coroner.)

June 8. 1917 (Address) 41 E Lex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Druid Ridge Cem — DATE OF BURIAL, June 10, 1917

20-UNDERTAKER Wm Cook — ADDRESS 502 E 20th

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5919

CERTIFICATE OF DEATH.

79

D 5919

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PLACE OF DEATH

CITY OF BALTIMORE (No. 164 N Potomac st ST.: 6 WARD)

1. FULL NAME Margaret Thompson

(Residence in Baltimore: No. 164 N Potomac st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
female	white	Widow

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 8I yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, H W
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Russel

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Amy Donohue

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cecil Weil

(Address) 164 N pOtomac

15. JUN 8 - 1917 ROBERT R. KRAUTH

Filed ....., 191.... Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 7 1917 ....., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

June 8 191. (Address) 911 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	June 10. 19....
20-UNDERTAKER	ADDRESS
Wm Cook	5026 Harford

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5920

CERTIFICATE OF DEATH.

X 1770 D 5920

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Beatle

(Residence in Baltimore: No. 1419 Maryland Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, Sept 14, (Month) (Day) 1892 (Year)

7-AGE, 24 yrs. 8 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), S. C.

PARENTS.

10-NAME OF FATHER, Lewis Paige

11-BIRTHPLACE OF FATHER (State or Country), S C

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Balto MD

15- Filed JUN 8 - 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 19 1917, to June 7 1917, that I saw her alive on June 7 1917 and that death occurred, on the date stated above, at 8.50 m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

Not Known

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Uremia about 2 Wks

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward L Stevens M. D.

June 7, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 19 ds. In the State ....yrs. 6 mos. 19 ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence 1419 Md. Ave

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, June 9 1917

UNDERTAKER George H. Holland ADDRESS 1631 Edmondson Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5921 5921

REGISTERED NO. C 1770

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1234 N Broadway St.; 8 WARD)

2 FULL NAME George J. Strout

(Residence in Baltimore: No. 1234 N Broadway St.; 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: June 3, (Month) (Day), 1848 (Year)

7 AGE: 69 yrs. 0 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Police
(b) General nature of industry, business, or establishment in which employed (or employer): Police

9 BIRTHPLACE (State or country): Port Deposit Md

PARENTS

10 NAME OF FATHER: John Strout

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm McMarquch E Strout
(Address) 2374 N. Broadway

15. Filed JUN 8 - 1917 ROBERT R. KRAUTH Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 5th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1917, to June 5 1917, that I saw h[im] alive on May 3, 1917, and that death occurred, on the date stated above, at 8 P m.
The CAUSE OF DEATH* was as follows:
Brights Disease

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) Uraemia

(Duration) yrs. 1 mos. ds.

(Signed) Geo F Gaylor M. D.

June 5-th, 1917 (Address) 2525 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: June 8, 1917

20 UNDERTAKER: Robt J. Turner

ADDRESS: 1442 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 5922 D 5922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1729 Patapsco St.; 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Krowning

(Residence in Baltimore: No. 1729 Patapsco St.; 50 yrs., ... mos. ..... ds.)

WRITE PLAINLY, with pen and ink. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 8, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. 11 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

343 04

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Krowning

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lena Richtenberger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mornberger

(Address) 1729 Patapsco

JUN 9 - 1917

Filed....., 191.....

ROBERT R. KRAMER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1917, to June 6 1917, that I saw h[illegible] alive on June 6 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Duration

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) R. R. Campbell M. D.

June 7, 191 7 (Address) 164 [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Bem

DATE OF BURIAL, June 10, 1917

20-UNDERTAKER Mrs J. E. E. Saunders

ADDRESS 1428 Eutaw

25

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5923 ✓ ×64 D 5923

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice L. Shipley

(Residence in Baltimore: No. Mt Vernon Pl. St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH ..... Not Known, ...
(Month) (Day) (Year)

7-AGE, 49 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Vermont

PARENTS.

10-NAME OF FATHER, J. L. Pedeau

11-BIRTHPLACE OF FATHER (State or Country). France

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Shipley

(Address) Annapolis Md. Western Rd.

15- HENRY C. ANDREWS

Filed JUN 9 1917 191.... Burial Permit Olerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1917, to June 8th 1917, that I saw h[illegible] alive on June 8th 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Endocarditis
associated with left sided
Hemiplegia
about (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) H. A. H. Cammerer M. D.

June 8, 1917. (Address) Franklin Square Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State 30 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence Mt Vernon

19-PLACE OF BURIAL OR REMOVAL, Richmond Va. DATE OF BURIAL, June 8 1917.

20-UNDERTAKER Geo. A. Gerber ADDRESS Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY; WITH PEN AND INK.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41

D 5924

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2308 Boston ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Urban

(Residence in Baltimore: No. 2308 Boston St.; 38 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1856 (Year)

7-AGE: 61 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Poland, Germany

PARENTS.

10-NAME OF FATHER: Do not Know

11-BIRTHPLACE OF FATHER (State or Country): Do not Know

12-MAIDEN NAME OF MOTHER: Do not Know

13-BIRTHPLACE OF MOTHER (State or Country): Do not Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Urban

(Address) 2308 Boston St.

15-

Filed JUN 9 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5 1917, to June 8 1917, that I saw her alive on June 5 1917, and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows: a. Cancer of Intestines

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. Nieri M. D.

6/8/17 191... (Address) 408 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, June 11th, 1917.

20-UNDERTAKER M. F. Sadowski. ADDRESS 905 S. Ann St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5925

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 313 N. Carey ST. 18 WARD)

2-FULL NAME Infant Keller

(Residence in Baltimore: No. 313 N. Carey. St.; yrs. mos. ds.)

REGISTERED No. C 15

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Mnd.

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 7 (Day), 1917 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 2 hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Mahjmr Keller

11-BIRTHPLACE OF FATHER (State or country): Luray Va.

12-MAIDEN NAME OF MOTHER: Mammie Keller

13-BIRTHPLACE OF MOTHER (State or country): Luray Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mammie Keller

(Address) 313 N. Carey St

15- Filed JUN 9 1917, 191 ALBERT C. ABORN Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 7 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1917, to June 7 1917, that I saw h[illegible] alive on June 7 1917, and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Horace Reed M. D.

June 7, 191 7 (Address) 219 N. Calhoun St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount	June 11, 191 7
20-UNDERTAKER	ADDRESS
W. M. Goodwin	[illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 5925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

D 5926

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 S Harris Alley St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Rosmus

(Residence in Baltimore: No. 1005 S Harris Alley St.; 26 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Aug 11, 1851 (Month) (Day) (Year)

7-AGE, 65 yrs. 10 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Kowalsky

(Address) 1005 S Harris Alley

15- HARRY C. ANDREWS

Filed JUN 9 - 1917 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1917, to June 5 1917, that I saw h[illegible] alive on June 5th 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

abt 2

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leo La Lucas M. D.

June 5, 1917 (Address) 1116 S Kenwood Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park — DATE OF BURIAL, June 9, 1917

20-UNDERTAKER Stephen J Szalkowski — ADDRESS 1019 S Kenwood Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5927 Hay Lumpkin

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5927

X 172

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Md. Gen. Hospital ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hay Lumpkin

(Residence in Baltimore: No. 1 Shoreham Apts St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1885 (Year)

7-AGE, 26 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer): 90

9-BIRTHPLACE, (State or Country), Ga.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ga.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ga.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oklahoma City Okla

(Address) .....

15- Filed JUN 9 1917 191.. HARRY C. ANGELL Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

Contributory Pleurisy (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)
June 8, 1917 (Address) 509 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. 1 mos. 14 ds. In the State ..... yrs. 1 mos. ..... ds.

Where was disease contracted, if not at place of death? Barrow Point Md

Former or usual residence Barrow Point Md

19-PLACE OF BURIAL OR REMOVAL, Athens Georgia

DATE OF BURIAL, June 8, 1917.

20-UNDERTAKER John O Mitchell

ADDRESS 1201 W Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

over

Spec.—8-24-14—M. & T.—2000 Bks.

D 5923

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5923

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Reynolds

(Residence in Baltimore: No. 524 N. Eden St St.; — yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Married

6-DATE OF BIRTH, ... (Month) ....., (Day) 1[illegible]4 (Year)

7-AGE,	If LESS than 1 day,
33 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Service

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Hardy

(Address) Johns Hopkins Hospital

15- JUN 9 1917 Filed ....., 191.... Harry [illegible] Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1917, to June 7 1917, that I saw h[illegible] alive on June 7 1917, and that death occurred, on the date stated above, at 3.20 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(Duration) ....yrs. ....mos. 2 ....ds.

(Signed) [illegible] M. D.

June 7, 191.. (Address) Johns Hopkins Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ✓ yrs. ✓ mos. | ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 524 N. Eden St

19-PLACE OF BURIAL OR REMOVAL, Osbrug Cemetery — DATE OF BURIAL, June 10, 1917

20-UNDERTAKER Wm. Robt. A. Elliott — ADDRESS 506 East St.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5929 — 91 — D 5929

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3548 Poole St. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William O. Hedrick

(Residence in Baltimore: No. 3548 Poole St. St.; — yrs., 2 mos. 5 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 3 (Day), 1917 (Year)

7-AGE, — yrs. 2 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER, William O. Hedrick

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary E. Ebert

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) William O. Hedrick

(Address) 3548 Poole St

15. JUN 9 - 1917 Filed....., 191.... HENRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4 1917, to June 8 1917, that I saw h[illegible] alive on June 8 1917, and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

.....

Suffocation - Eclampsia

.....(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

.....(Duration) yrs. mos. 4 ds.

(Signed) Vernon O'Kelly M. D.

June 8 191.. (Address) 3705 Falls Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hanover | DATE OF BURIAL, June 9, 1917

20-UNDERTAKER Horace Burgee & Son | ADDRESS 3631 Falls Rd.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5930 — 40 — D 5930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 N. Wolf ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothea Lauer

(Residence in Baltimore: No. 1042 N. Wolf St.; 46 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, June (Month) 19 (Day), 1853 (Year)

7-AGE, 63 yrs. 11 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER, George Seidel

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Christina Hartman

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John J. Lauer

(Address) 1042 N. Wolf St.

15- Filed JUN 9 - 1917 191.... ROBERT R. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 7 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1917, to June 7 1917, that I saw h[er] alive on June 7 1917, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Primary)

(Duration) yrs. 6 mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward Lauer M. D.

June 7 191.7 (Address) 1419 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: June 11, 1917

20-UNDERTAKER: Henry Hoeck Son — ADDRESS: 130 E Eager St

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5931 — 28 — D 5931

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Peach alley ST.; 22 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Davis

(Residence in Baltimore: No. 811 Peach alley St.; ...yrs., ...mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, March 20, 1876 (Month) (Day) (Year)

7-AGE, 41 yrs. 2 mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, John Davis

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Eliza Stewart

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna J Bailey

(Address) 811 Peach alley

15- Filed JUN 9 - 1917, 191. ROBERT R. KRAUTH Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5th 1917, to June 8 1917, that I saw h[illegible] alive on June 5th 1917, and that death occurred, on the date stated above, at 1230 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from the Lungs

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) Probably tuberculosis but not positively diagnosed

(Duration) ...yrs. ...mos. ...ds.

(Signed) Emma L Brown M. D.

June 8, 1917. (Address) 1227 S. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, June 10, 1917

20-UNDERTAKER, F. H. Brown's Son — ADDRESS 1018 W Monty St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5932 +109 D 5932

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mun. Hospital ST.; 17 WARD)
REGISTERED NO. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gillian Parker
(Residence in Baltimore: No. 817 Pierce st St.; ....yrs., ...mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female
4-COLOR OR RACE, negro
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, ..., 1892
(Month) (Day) (Year)

7-AGE, 25 — —
....yrs....mos....ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) House wife

9-BIRTHPLACE, (State or Country) Maryland.

PARENTS.

10-NAME OF FATHER, Richard Grass
11-BIRTHPLACE OF FATHER (State or Country), md.
12-MAIDEN NAME OF MOTHER mary Jones
13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Marie Joanes
(Address) 817 Pierce st.

15- Filed JUN 9 - 1917 191.. ROBERT R. KRAUTH Registrar. Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8 1917, to June 8 1917, that I saw her alive on June 8 1917, and that death occurred, on the date stated above, at 7 40 p.m.

The CAUSE OF DEATH* was as follows:
Intestional Obstruction
due Constriction by
bands of Omentum
(Duration) ....yrs. ....mos. 5 ds.
CONTRIBUTORY (Secondary) Peritonitis
(Duration) ....yrs. ....mos. ....ds.

(Signed) Frank L. Parsons M. D.
June 8 1917. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 1 ds. In the State 25 yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? Dail Jones
Former or usual residence Calvert Co. Md

19-PLACE OF BURIAL OR REMOVAL, Parkton Md Cem Co. DATE OF BURIAL, June 9, 1917.
20-UNDERTAKER Brown & Tuckman ADDRESS 1114 N Schroeder st

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 5933

CERTIFICATE OF DEATH

6

D 5933

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 112 West Lee St. ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise N Burkett

(Residence in Baltimore: No. 112 West Lee St St.; 1 yrs. mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH May (Month) 11 (Day), 1916 (Year)

7-AGE 1 yrs. mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Not any
(b) General nature of industry, business, or establishment in which employed (or employer): 1 000

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER James C Burkett

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Sadie Morris

13-BIRTHPLACE OF MOTHER (State or country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James C Burkett

(Address) 112 West Lee St.

15- Filed JUN 9 - 1917, 191.... ROBERT R. KRAUT... Burial Permit ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June (Month) 9th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24, 1917, to, June 9 1917, that I saw h.er alive on June 8 1917, and that death occurred, on the date stated above, at 5:40 A m.

The CAUSE OF DEATH* was as follows:

Measles

..... (Duration) ..... yrs. ..... mos. 16 ds.

Contributory (SECONDARY) Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) [illegible] M. D.

June 9, 1917 [Address] 324 [illegible]

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Moratico Lancaster Co Va

DATE OF BURIAL June 10, 1917

20-UNDERTAKER Armstrong Denny Co

ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5931 — 151 — D 5931

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Martin

(Residence in Baltimore: No. 1270 E Lanvale St.; X yrs. X mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6-DATE OF BIRTH, June (Month) 6 (Day), 1917 (Year)

7-AGE, X yrs. X mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Co

PARENTS.

10-NAME OF FATHER, Gorland Martin

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Marie Dexter

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary D. Martin

(Address) Baltimore Co.

15- Filed JUN 9 - 1917 191... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1917, to June 8 1917, that I saw h e Y alive on June 8 1917, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) X

..... (Duration) X yrs. X mos. X ds.

(Signed) Edward P. Leicht M. D.

June 8, 1917. (Address) Ilchester Hgts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State 2 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Baltimore County

Former or usual residence Baltimore City

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, June 9, 191...

20-UNDERTAKER A. L. Marshall ADDRESS 3539 Fall Rd

A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5935

CERTIFICATE OF DEATH.

81 D 5935

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 Bank ST.; V WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary S. Coxe

(Residence in Baltimore: No. 2114 Bank St. Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 27th (Day), 1846 (Year)

7-AGE, 70 yrs. 11 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, Job. Fosler

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Maria Knorr

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marian Riepel

(Address) 2111 Bank St.

15- Filed JUN 9 - 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 7th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1917, to June 7, 1917, that I saw h[er] alive on June 1, 1917, and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Ulcus - sclerosis

(Duration) yrs. 5 mos. 7 ds.

CONTRIBUTORY (Secondary) Anasarca

(Duration) yrs. 1 mos. ds.

(Signed) C. C. Curtis M. D.

June 8, 191.7 (Address) 1005 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery DATE OF BURIAL, June 10, 191.7

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Pratt St.

N. B.—Every item of information should be carefully supplied. Avoid ambiguity. The CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5936

D 5936

CERTIFICATE OF DEATH.

6

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 S. Montford ave. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lingeman

(Residence in Baltimore: No. 708 S. Montford Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. (Month) 15th (Day), 1916 (Year)

7-AGE, 1 yrs. 3 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Henry Lingeman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Bessie Hemminger

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Lingeman

(Address) 708 S. Montford Ave

15- Filed JUN 9 - 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31 1917, to June 8 1917, that I saw h.....alive on June 8 1917, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) ....yrs. 9 mos. 10 ds.

(Signed) C. L. Levy M. D.

6/6, 191.7. (Address) 2701 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, June 9th, 191.7.

20-UNDERTAKER Tilly & Zeiler ADDRESS 403 S Wolfe St

I.C.D. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5937 D 5937

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 E 33rd. St.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Nicklaus

(Residence in Baltimore: No. 800 E 33rd St.; 40 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED OR DIVORCED, (Write the word.)
male	white	married

6-DATE OF BIRTH, ... Nov. (Month) 6 (Day), 1852 (Year)

7-AGE, 64 yrs. 7 mos. 1 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... clerk.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Nicklaus

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Crook

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. Freeman M.D.

(Address) 1637 Linden Ave.

15- JUN 9 - 1917 ROBERT R. KRAUDER

Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1917, to June 7 1917, that I saw h[illegible] alive on June 7 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

.....Arteriosclerosis.....

..... (Duration) 1 yrs..... mos..... ds.

CONTRIBUTORY (Secondary).....

..... (Duration) ..... yrs..... mos..... ds.

(Signed) W. H. Freeman M. D.

....., 191... (Address) 1637 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery — DATE OF BURIAL, June 11, 1917.

20-UNDERTAKER W. M. Coulson — ADDRESS 230 Greene

N. B.—Every item of information should be carefully supplied. AGE should be given in YEARS, EXACT. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Chadewski

D 5938

CERTIFICATE OF DEATH.

151 D 5938

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 S. Decker av ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Chadewsky

(Residence in Baltimore: No. 1234 S Decker av St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Mal	white	—

6-DATE OF BIRTH, June 8, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ..hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....—
(b) General nature of industry, business, or establishment in which employed (or employer)..... 600

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Alexander Chadewsky

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Josefa Polek

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alex. Chadewsky

(Address) 1234 S Decker av

15- Filed JUN 9 - 1917, 191.. ROBERT R. KRAUTH Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8 191.., to June 8 191.., that I saw h.. alive on June 8 191.., and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bilat

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Kraus M. D.

6-8, 191.. (Address) 2008 Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus — DATE OF BURIAL, June 9, 191..7

20-UNDERTAKER Stephen J. Fralkowski — ADDRESS 1019 S. Kenwood Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5939.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 5939

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 843 W Pratt St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Levi Adams

(Residence in Baltimore: No. 843 W Oxford St 46 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, March 6, 1875
(Month) (Day) (Year)

7-AGE, 42 yrs. 3 mos. 2 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: 240 040
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Brick yard

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, William Adams

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Lubie White

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj. Smith

(Address) 1352 Carroll St

15- Filed JUN 9 - 1917, 191..... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(Duration).....yrs.....mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) one day yrs. mos. ds.

(Signed) James M Raulon M. D.
(Coroner.)

June 9, 1917 (Address) 700 E Eden St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery | DATE OF BURIAL, June 10, 1917.

20-UNDERTAKER Geo H Hooper | ADDRESS 609 Little Pacast

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5940

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 ✓

D 5940

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Raborg ST.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Robinson

(Residence in Baltimore: No. 902 Raborg St.; .....yrs., 4 mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Wid

6-DATE OF BIRTH, ... (Month) Unknown, (Day) 1 (Year).....

7-AGE, 47 47 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pvt Family

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Sam Petis

11-BIRTHPLACE OF FATHER (State or Country), Charlotte County Va

12-MAIDEN NAME OF MOTHER Emma Bonds

13-BIRTHPLACE OF MOTHER (State or Country), Charlotte County Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Winn

(Address) 902 Raborg

15- Filed JUN 9 - 1917, 191..... ROBERT R. KRAUTER Registrar.

Burial Permit (illegible)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 191 7, to June 7 191 7, that I saw h..... alive on June 7 191 7, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) .....yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary) Pulm. Oedema

(Duration) .....yrs. ..... mos. 1 ds.

(Signed) W H Norwood M. D.

June 7 191 7 (Address) 739 N Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, 6-10-, 191 7

20-UNDERTAKER Felix E. Poe — ADDRESS 1627 Mulberry

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5941

CERTIFICATE OF DEATH.

150 D 5941

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 E. Clements ST. 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris Emma Graves.

(Residence in Baltimore: No. 636 E. Clements St.; 2 yrs., 2 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, April 4, 1917
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
0 yrs. 2 mos. 4 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Leonard W. Graves.

11-BIRTHPLACE OF FATHER (State or Country), Richmond, Va.

12-MAIDEN NAME OF MOTHER Emma Godwin

13-BIRTHPLACE OF MOTHER (State or Country), Talbot Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Graves.

(Address) 636 E. Clements St.

15-

Filed JUN 9 - 1917 191.... ROBERT R. KRAUTER
Registrar.

Burial Permit 5171

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8 1917, to June 8 1917, that I saw h[illegible] alive on June 8 1917, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Spina Bifida

(Duration) Since birth yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. T. Seabury M. D.

June 8, 1917. (Address) 621 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Wope Wells Station

DATE OF BURIAL, June 9, 1917.

20-UNDERTAKER Armstrong & Denny Co.

ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5942

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 D 5942

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1429 Williams ST.: 24 WARD)

2-FULL NAME Charles Henry Lewis

(Residence in Baltimore: No. 1429 Williams St ST.; 78 yrs. 9 mos. 29 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Married

6-DATE OF BIRTH August (Month) 8 (Day), 1838 (Year)

7-AGE 78 yrs. 9 mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Sea Captain
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER Henry Lewis

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Mary Downey

13-BIRTHPLACE OF MOTHER (State or country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Forsythe

(Address) 1429 Williams St

15. Filed JUN 9 - 1917 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June (Month) 7th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1917, to, June 7th 1917, that I saw him alive on June 6th 1917, and that death occurred, on the date stated above, at 9:20 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 3 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Toxemia

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) G. E. Buxton M. D.

June 7 191 7. [Address] 301 E. Cross St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Loudon Park DATE OF BURIAL June 10, 1917

20-UNDERTAKER J. Wm. Thompson & Son ADDRESS 318 Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5913

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5913

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Hill

(Residence in Baltimore: No. 1405 Asher Alley St.; ....yrs,....mos....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, June 1, 1867
(Month) (Day) (Year)

7-AGE, 50 yrs....mos....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward Hill

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Margaret Sherrod

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) Johns Hopkins Hospital

15-

Filed JUN 9 1917 191.... ROBERT R. KRAUTER Burial Permit Officer.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8 1917 to June 6 1917, that I saw him alive on June 6 1917, and that death occurred, on the date stated above, at 2.40 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach
Embolism Lodata of Pulmonary
Clinical diagnosis
(Duration) ....yrs. 11 mos....ds.

CONTRIBUTORY (Secondary) .....
(Duration) ....yrs. ....mos....ds.

(Signed) C. H. Blomquist M. D.

June 6 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 29 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1405 Asher Alley

19-PLACE OF BURIAL OR REMOVAL, Johns Hopkins Hospital

DATE OF BURIAL, JUN 9 1917

20-UNDERTAKER Under Health.

ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5941

CERTIFICATE OF DEATH.

+108

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Gerst

(Residence in Baltimore: No. Penn Hall Md St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, 2 (Month) 2 (Day) 1854 (Year)

7-AGE, 63 yrs. 4 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jacob Gerst

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Gerst

(Address) Fullerton Md

15- Filed JUN 9 1917, 191... ROBERT R. KRAUTER Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29th 1917, to June 7 1917, that I saw him alive on June 7th 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

a. General Septicaemia following
b. Due to Appendix and Gangrenous
Gut (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Ruptured Appendix, (Duration) ....yrs. ....mos. 14 ds.

(Signed) H. A. Hamner M. D.

June 17th, 1917. (Address) Franklin Square Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence Penn Hall Md

19-PLACE OF BURIAL OR REMOVAL, St. Joseph Cemetery — DATE OF BURIAL, June 10, 1917.

20-UNDERTAKER Frederick Sassahn and Son — ADDRESS Fullerton Md

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5945 X 50

CERTIFICATE OF DEATH.

REGISTERED NO. C 5945

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. New Howard Hotel ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Harold Strother

(Residence in Baltimore: No. New Howard Hotel St.; ....yrs., ...mos. 7 da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... July (Month) 5th (Day) 1907 (Year)

7-AGE, ...9....yrs. ....11....mos. ....4....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), West. Va.

PARENTS.

10-NAME OF FATHER, J. F. Strother.

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER, Esther Canning Lam

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. F. Strother.

(Address) Clarksburg. W. Va

15. JUN 9 1917 Filed ....., 191.... ROBERT R. KRAUTH Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 9th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 8th 191 7, to June 9 191 7, that I saw h.. alive on June 7 191 7, and that death occurred, on the date stated above, at 0758 m.

The CAUSE OF DEATH* was as follows:

.....
Diabetes Mellitus
.....
..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Diabetic coma
..... (Duration) ....yrs. 16 hours mos. ....ds.

(Signed) Leslie O'Donovan M. D.

June 9, 191.. (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. 2 ds.

Where was disease contracted, if not at place of death? In W. Va. his home

Former or usual residence Clarksburg, W. Va

19-PLACE OF BURIAL OR REMOVAL, Clarksburg. W. Va — DATE OF BURIAL, June 10, 191..

20-UNDERTAKER Joseph D Cook — ADDRESS 1003 W. Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5946 — D 5946

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Coulter

(Residence in Baltimore: No. 2 mos. 11 days in Hospital St.; ...yrs.,...mos.,...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH: October 29, 1886
(Month) (Day) (Year)

7-AGE. 31 yrs. 7 mos. 11 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Pa.

PARENTS.

10-NAME OF FATHER: Chanler Coulter

11-BIRTHPLACE OF FATHER (State or Country): Pa.

12-MAIDEN NAME OF MOTHER: Carrie

13-BIRTHPLACE OF MOTHER (State or Country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): J. Phelps

(Address): Johns Hopkins Hosp.

15-

Filed JUN 10 1917 191... HARRY C. ANDREWS ...Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 9 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 28 1917 to June 9 1917, that I saw h[im] alive on June 9 1917, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Aneurysm Abdominal Aorta

(Duration) 3 yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Perforating ulcer Stomach

(Duration) ...yrs. ...mos. 1 ds.

(Signed) W E Dandy M. D.

June 9, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 2 mos. 11 ds. In the State ✓ yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 56 Oakwood Ave, Bradford Pa.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bradford Pa	June 11, 1917
20-UNDERTAKER Albert C Fuller	ADDRESS 221 N Zeeb

R. S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

D 5917

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Lehmah Home ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Paul

(Residence in Baltimore: No. 1239 E Balto St., Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fema

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan 14, 1908
(Month) (Day) (Year)

7-AGE, 9 yrs. 4 mos. 25 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. school
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Max Paul

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Rose Slamowitz

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1411 E Balto St

15- JUN 10 1917 Filed, 191. REGISTRAR

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Traumatism by automobile accident (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

June 9 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. In State yrs. mos. ds.
Where was disease contracted, if not at place of death? Fairfield Maryland
Former or usual residence 1239 E Balto St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel
DATE OF BURIAL, June 10, 1917

20-UNDERTAKER Jack Lewis
ADDRESS 1411 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17
3
8 C

D 5943

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5943

CERTIFICATE OF DEATH

1-PLACE OF DEATH — Union Protestant Infirmary — 120

CITY OF BALTIMORE (No. U. C. L. St. 14 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Sparrow

(Residence in Baltimore: No. 612 Lombard St.; yrs. Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) September (Day) ....., 1886 (Year)

7-AGE, 31 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bartender
(b) General nature of industry, business, or establishment in which employed (or employer): Saloon

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Sparrow

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Rachel Revis

13-BIRTHPLACE OF MOTHER (State or Country) Minnesota

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Sparrow

(Address) Brook Lisbon

15- Filed JUN 10 1917, 191.....

ERNEST C. ANDREWS
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) June (Day) 7, 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Complications

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) 20 Years yrs. ..... mos. ..... ds.

(Signed) C. Walter Brown M. D. (Coroner)

June 9, 191.7. (Address) 8102 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Schwartz Cemetery — DATE OF BURIAL, June 10 1917.

20-UNDERTAKER Wm Cook — ADDRESS 502 E Fort Ave

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5949 D 5949

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 S. Furrow ST.: 20 WARD)

2-FULL NAME Catherine Boland

(Residence in Baltimore: No. 430 S. Furrow St.: Life yrs. mos. ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1 (Year)

7-AGE, 5 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Boland

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Lora Gerber

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Boland

(Address) 430 S. Furrow St

15- JUN 10 1917 HENRY C. ANDREWS

Filed....., 191.... Burial Permit Given. Registrar.

1035

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 191 , to June 9 191 , that I saw h[illegible] alive on June 8, 191 , and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(Duration) yrs. mos. ds.

(Signed) Albert A Doscoll M. D.

June 9, 191 (Address) 312 W Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery DATE OF BURIAL, June 10, 191

20-UNDERTAKER John J. Cowan ADDRESS 901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 5930

REGISTERED No. C

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 1117 N. Calhoun ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME James H. Dowd

(Residence in Baltimore: No. 1117 N. Calhoun St.; 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colo

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, (Month) June (Day) 10, (Year) 1915

7-AGE, 1 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). 00

9-BIRTHPLACE, (State or Country), Baltimore,

PARENTS.

10-NAME OF FATHER, Cary Smith.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Emma Ames

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cary Smith

(Address) 1117 N. Calhoun St.

15-

Filed JUN 10 1917, 191

Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

June 10, 1917. (Address) Eighteen

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, June 10, 1917.

20-UNDERTAKER Joseph A. Farrell ADDRESS 1319 Division St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5051 ✓ 150 D 5051

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 817 Greenmount Av St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME (Unnamed) Kavanagh

(Residence in Baltimore: No. 817 Greenmount Av St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: ~~Female~~

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Infant.

6-DATE OF BIRTH: June (Month) 9 (Day), 1917 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 2 hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): ooo

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Martin Kavanaugh

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Blanche Dean

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Martin Kavanaugh

(Address) 817 Greenmount Av

15- JUN 10 1917 Filed ....., 191.... REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9, 1917, to, June 9 1917, that I saw h.. alive on June 9 1917, and that death occurred, on the date stated above, at 30 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation of Heart

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), M. P. Kelly M. D.

6/9 .....191 7 [Address] 1931 Mott

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

In place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	June 10, 191 7

20-UNDERTAKER: M Feeley Sons ADDRESS 606 Lafayette Av

N. B.—Every item of information must be carefully applied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 5952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 ✓ D 5952

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST.; 8 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas L Tippett

(Residence in Baltimore: No. 1814 N. Chapel St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, (Month) August (Day) 28, (Year) 1913

7-AGE, 3 yrs. 9 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Philip Tippett

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Bessie Nadin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev Mercy Hosp

(Address) Calvert St

15- JUN 10 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) June (Day) 9, (Year) 1917.

17- I HEREBY CERTIFY, That I attended deceased from May 16 1917, to June 9 1917, that I saw h[illegible] alive on June 9 1917, and that death occurred, on the date stated above, at 12:00 noon m. The CAUSE OF DEATH* was as follows:

Confluent Follicular Tonsilitis

Exhaustion

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

June 9, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1814 N. Chapel St

Former or usual residence 1814 N. Chapel St

19-PLACE OF BURIAL OR REMOVAL, Washington D C

DATE OF BURIAL, June 11, 191.7.

20-UNDERTAKER E J Fanning 1938 E

ADDRESS Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5953 154 D 5953

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Cecil Apartments St.; 11 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Elizabeth Sadtler

(Residence in Baltimore: No. Cecil Apartments St.; 25 yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, August (Month) 20 (Day), 1826 (Year)

7-AGE, 90 yrs. 9 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Sam'l S. Schmucker

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Catharine Steenbergen

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Chas. E. Sadtler (Son)

(Address) 145 Linden Ave

15- JUN 10 1917 Filed....., 191.... HARRY C. ANDREWS Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 9th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3 1917, to June 9th 1917, that I saw her alive on June 9th 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Old Age

(Duration) 2 2 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Chas E. Sadtler M. D.

June 9., 191 7. (Address) 145 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Stewart & Mowen Co

DATE OF BURIAL, June 9., 1917

20-UNDERTAKER Green Mount Cemetery

ADDRESS 1080 Northern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Fatal ailment or OCCUPATION if any is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5951

CERTIFICATE OF DEATH.

79 D 5954

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1124 Brevard ST.; 11 WARD)

REGISTERED NO. C

2-FULL NAME Charles C. Goodman

(Residence in Baltimore: No. 1124 Brevard St.; Unknown yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1841 (Year)

7-AGE, 76 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Policeman 061
(b) General nature of industry, business, or establishment in which employed (or employer): Roland Park Co.

9-BIRTHPLACE, (State or Country): Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Minnie Goodman
(Address) 113 E. Linden Ave.

15-
Filed JUN 10 1917 191.... HARRY C. ANDREWS
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1915, to June 7 1917, that I saw him alive on June 7 1917, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:
Chronic Arteriosclerosis
Chronic Nephritis, Acute Uremia
(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(Duration) 2 yrs. — mos. — ds.

(Signed) Harry L. Reynolds M. D.
June 8, 1917. (Address) 113 E. Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, 6/11, 1917

20-UNDERTAKER Chas. E. Evans & Son ADDRESS 118 W. Mt. Royal Ave

CAUSE OF DEATH to be filled in plain terms, so that it may be understood. Each question is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5955

CERTIFICATE OF DEATH.

28

D 5955

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3544 Ash St. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. McCauley

(Residence in Baltimore: No. 3544 Ash St. St.; 3 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug. 12, 1858
(Month) (Day) (Year)

7-AGE, 58 yrs. 9 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Pole Engineer & Machinist B. O.

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Bettie McCauley

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha F. McCauley

(Address) 3544 Ash St.

15-

Filed JUN 10 1917, 191... HENRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1917, to June 9 1917, that I saw h in alive on June 9 1917, and that death occurred, on the date stated above, at 3 15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) J. Wondwellers M. D.

June 9 1917 (Address) 846 N. Gay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Mary's Hampden — DATE OF BURIAL, June 11, 1917.

20-UNDERTAKER Horace Burgerson — ADDRESS 363 Falls Rd

CAUSE OF DEATH to be written in plain terms, so that it may be properly classified. Each question is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5956

CERTIFICATE OF DEATH.

79 D 5956

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1030 Maldin ST. 21 WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Merriwether S Quarles

(Residence in Baltimore: No. 1030 Maldin St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Married

6-DATE OF BIRTH, October (Month) 7 (Day), 1844 (Year)

7-AGE, 72 yrs. 8 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R R

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Not Known.

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known.

13-BIRTHPLACE OF MOTHER (State or Country), Not Known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Burdett Quarles

(Address) 1030 Maldin St

15-

Filed JUN 10 1917 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8 (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29 1917, to June 8 1917, that I saw him alive on June 6 1917, and that death occurred, on the date stated above, at 12 15 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) G. L. Buxton M. D.

June 8, 1917. (Address) 301 E. Conway St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL, June 11, 1917

20-UNDERTAKER James Bigham & Sons — ADDRESS 500 S Paca St.

CAUSE OF DEATH must be plainly written, so that it may be properly classified. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5957. D 5957.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Woodward Wilson Fisher

(Residence in Baltimore: No. 2406 Ashland Ave St.; ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, May 12, 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 27 mos. 27 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Godwin Fisher

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Francis Falstin

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) Johns Hopkins Hosp

15-DN 101917 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8 1917 to June 8 1917, that I saw h[illegible] alive on June 8 1917, and that death occurred, on the date stated above, at 10:15 p m.

The CAUSE OF DEATH* was as follows:

Leukaemia, Streptococcus

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) K. Maxcy M. D.

June 8, 191... (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2406 Ashland Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	June 11 1917

20-UNDERTAKER	ADDRESS
W. J. Hartley	2012 Madison Ave

IMPORTANT. See instructions on back of certificate. CAUSE OF DEATH must be plainly stated, so that it may be properly classified. Each question must be answered if any part of it is known or can be ascertained by reasonable inquiry. Do not use abbreviations or technical terms. Write with ink.

Spec.—8-24-14—M. & T.—2000 lbs.

D 5958

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5958

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 S. Port ST.: 1 WARD)

REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kathrin Hoffman

(Residence in Baltimore: No. 612 S. Port St.: 52 yrs. 8 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, October 7, 1844
(Month) (Day) (Year)

7-AGE, 52 yrs. 8 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Lenz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Todd

(Address) 413 N. Luzerne Ave.

15- Filed JUN 10 1917 191.. HARRY C. ANDREWS Registrar.

Burial permit issued

Cross out all words not applicable, and write plainly in ink. Be careful to answer every question. Where the answer is "None," write that word. Ditto marks are not allowed. Be particularly careful to answer questions printed in heavy type. Your certificate will be returned to you if not properly filled out. Read carefully the instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 6 1917, to June 8 1917, that I saw h[illegible] alive on June 8 1917, and that death occurred, on the date stated above, at 9:50 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. Unknown mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) yrs. Unknown mos. ds.

(Signed) F. A. Tennyson M. D.

June 8, 1917 (Address) 2431 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt. Carmel Cemetery — DATE OF BURIAL, June 10, 1917.

20-UNDERTAKER Christian Miller — ADDRESS 2339 Jefferson St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5959 — 130 — D 5959

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2031 N. Fulton Ave ST.; 15 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles McKendree Riley Glanville
(Residence in Baltimore: No. 2031 N. Fulton Ave —— St.; 63 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan 21, 1854
(Month) (Day) (Year)

7-AGE, 63 yrs. 4 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grand Tyler
(b) General nature of industry, business, or establishment in which employed (or employer): Masonic Temple

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Glanville

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Ella Glanville
(Address) 2031 Fulton Ave

15-
Filed JUN 10 1917 191.. MARY C. ANDREWS Registrar.
Burial Permit 01...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 12 1916, to June 8 1917, that I saw him alive on June 8 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Coronary Dilatation

(Duration) — yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis (Duration) 4 or 5 yrs. — mos. — ds.

(Signed) M Bowman Lord M. D.

June 9, 191 7. (Address) 626 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, June 11 1917

20-UNDERTAKER Wilbur W Shriver — ADDRESS 1018 Edmonson Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D-5959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D-5960

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Frank Joseph Kramer ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME 205 N. Washington st

(Residence in Baltimore: No. 11 N Washington St St.; 30 yrs., 6 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. m

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) single

6-DATE OF BIRTH, Nov 18, 1886
(Month) (Day) (Year)

7-AGE, 30 yrs. 6 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 04

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Joseph Kramer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophie Kaptis

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank J. Kramer

(Address) 205 N. Washington

15-

Filed JUN 10 1917, 191.... REGISTRAR.

Burial Permit No. 01

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 23 1916, to June 7 1917, that I saw h[illegible] alive on 6 11 1917, and that death occurred, on the date stated above, at 3.40 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Measles

(Duration) yrs. 8 mos. ds.

(Signed) A. C. Kramer M. D.

6/7, 1917. (Address) 2601 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, June 11, 1917.

20-UNDERTAKER Frank Enoch Son — ADDRESS 1906 E. Baltimore

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5961

CERTIFICATE OF DEATH.

79 D 5961

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 N. Bruce St ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Perkins

(Residence in Baltimore: No. 220 N. Bruce St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (~~Write~~ the word.) Married

6-DATE OF BIRTH, — Unknown — (Month) (Day) (Year)

7-AGE, about 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Bowlingreen Va

PARENTS.

10-NAME OF FATHER, Willis Louis

11-BIRTHPLACE OF FATHER (State or Country). Bowlingreen Va

12-MAIDEN NAME OF MOTHER Emma Madison

13-BIRTHPLACE OF MOTHER (State or Country) Bowlingreen Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Perkins

(Address) 220 N. Bruce St.

15-

Filed JUN 10 1917 191... HARRY C. ANDREWS Registrar.

Burial Permit Issued

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6-8-17, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1917, to June 8 1917, that I saw her alive on June 8, 1917, and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation
& Exhaustion

(Duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. Montague M. D.

June 9, 191.7 (Address) 303 N. Pulaski St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Zion Cemetery

DATE OF BURIAL, 6-11-17, 191...

20-UNDERTAKER Felix E. Frye

ADDRESS 522 Mulberry Street

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5962

CERTIFICATE OF DEATH.

42 D 5962

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 947 W. Fayette ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Rudel

(Residence in Baltimore: No. 947 W. Fayette St.; 2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Oct (Month) 21 (Day), 1871 (Year)

7-AGE, 46 yrs. 7 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 31

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Jos. McKenna

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary McGuire

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C. Rudel

(Address) 947 W. Fayette St.

15- Filed JUN 10 1917, 191..... MARY C. ANGELL Registrar. Burial Permit Ol...

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1917, to June 7, 1917, that I saw h[illegible] alive on June 7 1917, and that death occurred, on the date stated above, at 5-40 P. m.

The CAUSE OF DEATH* was as follows:

Recurrence of Carcinoma of Uterus. after Surgical treatment

(Duration) 1 yrs. 3 mos. - ds.

CONTRIBUTORY (Secondary) None

(Duration) ... yrs. ... mos. ... ds.

(Signed) Henry C. Ohle M. D.

June 7, 1917. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	June 12, 1917
20-UNDERTAKER M. L. Flynn	ADDRESS 1432 Light

D 5963

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 5963

1 PLACE OF DEATH — REGISTERED No. C 1320

CITY OF BALTIMORE (No. 605 George St. St.; 17 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Williams

(Residence in Baltimore: No. 605 George St.; — yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Col.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Sept. (Month) 18 (Day), 1852 (Year)

7-AGE: 64 yrs. 8 mos. 21 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Joshua Williams

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Sarah Bachelt

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Saml J Hemsley

(Address) 578 W Biddle St

Filed JUN 10 1917, 191 — MARY C. ANDREWS Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 8 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1917, to, June 8 1917, that I saw her alive on June 1917, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

a. Chronic Parenchymatous Nephritis

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY): Exhaustion

(Duration) ... yrs. ... mos. ... ds.

(Signed), Frank E. Waynert, M. D.

..., 191... (Address) 1006 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: JUN 10 1917, 191

20-UNDERTAKER: Saml J Hemsley — ADDRESS: 578 W Biddle St

Spec.—8-24-14—M. & T.—2000 Bks.

D 5961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 D 5961

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Moreland Ave St.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose D. Herman

(Residence in Baltimore: No. 1709 Moreland Ave St.; 70 yrs., 9 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, August (Month) 10 (Day), 1846 (Year)

7-AGE, 70 yrs. 9 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None Wife

037

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John L Achul

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Achenbach

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. G. Herman

(Address) 3709 Spring dale Ave

15- Filed JUN 10 1917, 191.. HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1917, to June 5th 1917, that I saw h[er] alive on June 5th 1917, and that death occurred, on the date stated above, at 1.30 P. M.

The CAUSE OF DEATH* was as follows:

Cirrhosis Kidneys

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Contusion Left Elbow

(Duration) 3 yrs. mos. 2 ds.

(Signed) [illegible] M. D.

June 9, 1917. (Address) 1.0 W. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. 3 mos. 2 ds. In the State 70 yrs. 9 mos. 8 ds.

Where was disease contracted, if not at place of death? 401 N Howard St

Former or usual residence 401 N Howard St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, June 10, 1917.

20-UNDERTAKER Wm J. Fichtner & Sons — ADDRESS North & Penna Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5965

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5965

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Seal

(Residence in Baltimore: No. ~~4018 Harford Ave~~ In Hospital St.; — yrs., 4 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	single

6-DATE OF BIRTH, October 1st, 1870
(Month) (Day) (Year)

7-AGE, 46 yrs. 8 mos. 7 ds. If LESS than 1 day, 12 hrs. or 57 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Auditor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Hiram Seal

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Elizabeth Maxwell

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hugh C. H. Gill M.D.

(Address) Union Protestant Infirmary

15- JUN 10 1917

Filed....., 191.... [redacted] C. ANDREWS
Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1917, to June 8 1917, that I saw h[redacted] alive on June 8 1917, and that death occurred, on the date stated above, at 2 57 pm.

The CAUSE OF DEATH* was as follows:

Emphysema —
Gangrene of Lung —
(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency
(Duration) yrs. 3 mos. ds.

(Signed) Hugh C. H. Gill M. D.

June 8, 1917. (Address) Union Protestant Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 4 mos. 25 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Washington D C

Former or usual residence Washington D C —

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, June 8, 191.7

20-UNDERTAKER P. Blumenthal Sons — ADDRESS Howard St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 N. Fayette ST.; 19 WARD) REGISTERED No. C 19 D 5963

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Pfetzing

(Residence in Baltimore: No. 1718 N Fayette St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ widow (Write the word.)

6-DATE OF BIRTH, June (Month) 17 (Day), 1832 (Year)

7-AGE, 84 yrs. 11 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Carrie Shannon

(Address) 1718 N. Fayette St.

15- Filed JUN 11 1917, 191 MARY C. ANDREWS Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to June 9 1917, that I saw h m alive on June 9 1917, and that death occurred, on the date stated above, at 11.55 a. m.

The CAUSE OF DEATH* was as follows:

1 Uremia Coma

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 2 mos. ds.

(Signed) John A. Ehrman M. D.

June 9 1917. (Address) 101 N. Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, June 12 1917

20-UNDERTAKER Joseph B Cook ADDRESS 1003 N Calvert St

Spec.—8-24-14—M. & T.—2000 Bks.

D 5967

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5967

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 556 Mosher ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary D. Smith

(Residence in Baltimore: No. 556 Mosher St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, April 10 (Month) (Day), 1837 (Year)

7-AGE, 80 yrs. 1 mos. 29 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Wm Green

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Smith

(Address) 556 Mosher St.

15-
Filed JUN 11 1917, 191... HENRY O. ANDREWS
Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 7 1917, to June 8 1917, that I saw her alive on June 7 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

9 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

? (Duration) ? yrs. ? mos. ? ds.

(Signed) J. C. Stewart M. D.

June 8, 1917. (Address) 1003 E. 29th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cx — DATE OF BURIAL, June 11, 191...

20-UNDERTAKER C. W. Crawford Son — ADDRESS 18 W Monument St

Important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1577 W Clifton Ave St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola Teresa Reitz

(Residence in Baltimore: No. 1577 W Clifton Ave St.; yrs. 6 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: December 3, 1916 (Month) (Day) (Year)

7-AGE: yrs. 6 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md. Balto.

PARENTS

10-NAME OF FATHER: John A Reitz

11-BIRTHPLACE OF FATHER (State or country): York Co Pa

12-MAIDEN NAME OF MOTHER: Ella Troxell

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Catharine A Reitz

(Address) 1577 W Clifton Ave

15- JUN 11 1917 Filed ..... 191 HENRY O. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 9, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 24, 1917, to, June 9 1917, that I saw h.. alive on June 9 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 2 ds.

Contributory (SECONDARY) Lues - Cubital Ulcer

(Duration) yrs. mos. 2 ds.

(Signed) Wm D Burgard M. D.

June 10 1917 [Address] 1520 W Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Cemetery	June 11, 1917

20-UNDERTAKER: Josiah Lefler ADDRESS: 600 W North Ave

SEE CAUSE OF DEATH in plain terms, as DIRECTED by the Property examined. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5969 D 5969

42

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Clifton Place St.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lavenia A. Marshall

(Residence in Baltimore: No. 1607 Clifton Place St.; 55 yrs., 8 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 21, 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. 8 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John C. Robinson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah J. Griffith

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. H. Marshall

(Address) 1607 Clifton Place

15- JUN 11 1917 191. Robert C. Andrews, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 13 1916, to June 9 1917, that I saw h[illegible] alive on June 9 1917, and that death occurred, on the date stated above, at 6.20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cervix Uteri

Contributory (Secondary) Arteriosclerosis (Duration) 4 yrs. 6 mos. ds.

(Duration) yrs. mos. ds.

(Signed) Richard Wm. M. D.

6/10, 1917. (Address) 914 E. Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Baltimore County — DATE OF BURIAL, June 13 1917.

20-UNDERTAKER Fickler & Fickler — ADDRESS 1739 E. Eager

important. See instructions on back of certificate.

D 5970

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH Bressler Wellmore Sanatorium — REGISTERED No. C D 5970

CITY OF BALTIMORE (No. 2724 N. Charles ST. 18 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Lindenmeyer

(Residence in Baltimore: No. 103 S. Schroeder St.; 17 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June 8, 1900 (Month) (Day) (Year)

7-AGE: 17 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Office Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: George Lindenmeyer

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Louise Rost

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward Ballgith
(Address) 103 S Schroeder St

15. JUN 11 1917 191 — HARRY C. ANDREWS, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Died June 8th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 8, 191 7, to June 8th 191 7, that I saw h[illegible] alive on June 8, 191 7, and that death occurred, on the date stated above, at 11.30 P.M.
The CAUSE OF DEATH* was as follows:

Acute Pleuro Pneumonia

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Chronic Tubercular Dep.

(Duration) yrs. 3 mos. ds.

(Signed) August Hom M. D.

June 12, 1917 (Address) 406 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. — In the State Life mos. ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 103 S Schroeder St

19-PLACE OF BURIAL OR REMOVAL: Weston Cemetery — DATE OF BURIAL: June 12 1917

20 UNDERTAKER: John A Cowan — ADDRESS: 701 Hollins St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 5971

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

D 5971

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital St.; 6 Ward) REGISTERED No. C 172

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene McKee

(Residence in Baltimore: No. 1431 Curley St.; ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. Sept (Month) 25 (Day), 1877 (Year)

7-AGE, 41 yrs. 8 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Lead Burner
(b) General nature of industry, business, or establishment in which employed (or employer). Davison Chemical Co.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William McKee

11-BIRTHPLACE OF FATHER (State or Country) New York

12-MAIDEN NAME OF MOTHER Margaret Conway

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret McKee

(Address) 1431 N Curley

15- FILED JUN 11 1917, 191... HENRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of 2nd cervical vertebrae
(Accidental fall from Scaffold.)
(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia
(Duration) ....yrs. ....mos. 9 ds.

(Signed) James M Trenton M. D.
(Coroner.)
June 10, 1917 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? Davison Chemical Co
Former or usual residence 143 N Curley St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetary — DATE OF BURIAL, June 12, 1917.

20-UNDERTAKER Mc Ginnis & Carroll — ADDRESS 608 N. Solomons St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5972

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5972

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 6 St.; WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Poland

(Residence in Baltimore: No. 816 E Balto St St.; 4 yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Sept (Month) — (Day), 1911 (Year)

7-AGE. 5 yrs. 9 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Meyer Poland

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Sadie Goldsmith

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address).....

15- JUN 11 1917 Filed....., 191... MARY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1917, to June 11 1917, that I saw h m alive on June 11 4 1917, and that death occurred, on the date stated above, at 12 00 a m.

The CAUSE OF DEATH* was as follows:

Bilateral Empyema

Broncho

(Duration).....yrs.....mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(Duration).....yrs.....mos. 7 8 ds.

(Signed) H Barry Boas M. D.

6-11-, 191.7 (Address) Emergency Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 18 ds. In the State yrs. 4 mos. ds.

Where was disease contracted, if not at place of death? Former Residence

Former or usual residence 816 E Balto St

19-PLACE OF BURIAL OR REMOVAL. Hebrew Herman Rest

DATE OF BURIAL. 6/11, 191.7

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 D 5973

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 N. Belnord Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Bondage

(Residence in Baltimore: No. 711 N Belnord Ave St.; 24th yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 9 (Month) (Day), 1860 (Year)

7-AGE. 57 yrs. 30 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Painter
(b) General nature of industry, business, or establishment in which employed (or employer). Bath Works

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, August Bondage

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa Schaefer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Herman Bondage

(Address) 711 N Belnordave

15- JUN 11 1917 191

HARRY C. ANDREWS Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 191, to June 8 191, that I saw h alive on June 6 191, and that death occurred, on the date stated above, at 5:45 m.

The CAUSE OF DEATH* was as follows:

1. Carcinoma of liver

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

(Signed) Edward J Carl M. D.

6/9, 191. (Address) 1413 N Monroe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem DATE OF BURIAL, June 11, 191 7

20-UNDERTAKER Philip Herring ADDRESS 2016 Orleans

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5974 — 82 — D 5974

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 E. 27th St. ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonardo Edmondson

(Residence in Baltimore: No. 240 E 27th St St.; 70 yrs.,.. mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, January 1, 1839
(Month) (Day) (Year)

7-AGE, 78 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Prince George Md

PARENTS.

10-NAME OF FATHER, Robert Edmondson

11-BIRTHPLACE OF FATHER (State or Country) State Md

12-MAIDEN NAME OF MOTHER, Elizabeth Walters

13-BIRTHPLACE OF MOTHER (State or Country) Prince George Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen Schuldy

(Address) 1934 N. Charles St

15-JUN 11 1917

Filed....., 191.... HARRY C. ANDREW, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1917, to June 10 1917, that I saw h[illegible] alive on June 9 1917, and that death occurred, on the date stated above, at 7:20 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. M. Gwynn M.D.

June 10, 1917. (Address) 2435 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Olivet — DATE OF BURIAL, June 11, 1917.

20-UNDERTAKER Wm Cook — ADDRESS 1026 E Monument Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—200—ks.

D 5975

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

81 D 5975

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 N. Smallwood ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Reidy

(Residence in Baltimore: No. 13 N. Smallwood St. Five yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) April (Day) 2 (Year) 1841

7-AGE, 76 yrs. 2 mos. 5 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Keeps House
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Balto. Md

PARENTS.

10-NAME OF FATHER, Frederick Kahler

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Julia Harer

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Taylor

(Address) 13 N. Smallwood Ave

15- Filed JUN 11 1917 HARRY C. ANDREWS ..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 10th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4th 1917, to May 16th 1917, that I saw her alive on May 16th 1917, and that death occurred, on the date stated above, at 7.20 m.

The CAUSE OF DEATH* was as follows:

..... Arterio - Sclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

June 10th, 1917 (Address) 827 W. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, June 13th 1917

20-UNDERTAKER Wm Cook ADDRESS 602 E Monument

Spec.—8-24-14—M. & T.—2000 Bks.

D 5976

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5976

CERTIFICATE OF DEATH.

X 146

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Sinclair

(Residence in Baltimore: No. 25 St. Oliver St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	M

6-DATE OF BIRTH, Sept. 13, 1893
(Month) (Day) (Year)

7-AGE, 24 yrs. 8 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER Ephraim Sinclair

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Margaret Monroe

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15-

FILED JUN 11 1917 191.... HENRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8 1917, to June 10 1917, that I saw h[illegible] alive on June 10 1917, and that death occurred, on the date stated above, at 2.50 p.m.

The CAUSE OF DEATH* was as follows:

Frontal Sinusitis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary), Cerebro Meningitis

(Duration) yrs. mos. 7 ds.

(Signed) Edward H. Dunnett M. D.

June 11 191 7 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State ... yrs. 4 mos. ... ds.

Where was disease contracted, if not at place of death? 25 N. Oliver St.

Former or usual residence 25 N. Oliver St.

19-PLACE OF BURIAL OR REMOVAL, Fort Dodge, Iowa. DATE OF BURIAL, June 11, 191 7.

20-UNDERTAKER Henry W. Means & Sons ADDRESS 805 N. Gilmor St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 5977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X120

D 5977

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vatell Willis

(Residence in Baltimore: No. 4 days in Hospital St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, March 4, 1873.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
44 yrs. 3 mos. 6 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Miner
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Marcellus Willis

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Rebecca Willis

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15- JUN 11 1917
Filed....., 191... MARY C. ANDREWS
Burial Permit Clerk. Registrar.

Important: See instructions on back of Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7 1917, to June 10 1917, that I saw h.. alive on June 10 1917, and that death occurred, on the date stated above, at 5 45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

Pneumonia (Duration)....yrs.....mos. 6 ds.

(Signed) W. B. Maxwell M. D.

June 10, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 4 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Montgomery W. Va.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Montgomery W. Va	June 11, 1917.

20-UNDERTAKER William L Hailey ADDRESS 2012 E Madison

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5978 — 700 — D 5978

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Faldine

(Residence in Baltimore: No. Towson Station Md. St.; — yrs. — mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, April (Month) 21 (Day), 1911 (Year)

7-AGE, 6 yrs. 1 mos. 18 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. Faldine

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Emma Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15-

Filed JUN 11 1917, 191.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 18 1917, to June 9 1917, that I saw her alive on June 9 1917, and that death occurred, on the date stated above, at 5 10 a. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

Ulcer of Throat

(Duration) 2 yrs. mos. 28 ds.

CONTRIBUTORY (Secondary) General Tuberculosis

(Duration) yrs. mos. 28 ds.

(Signed) Henry B. Conrad M. D.

June 9, 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 22 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Towson Station Md

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem | DATE OF BURIAL, June 12, 1917

20-UNDERTAKER Wm R & Elliott | ADDRESS 506 Hoyal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 5979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

D 5979

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 So. Bond ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allan Bachniak.

(Residence in Baltimore: No. 620 So Bond St.; ....yrs.,.. 9 ...mos.. 2 ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White.	Singl.

6-DATE OF BIRTH, ... Sept (Month) 8 th (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 9 ...mos. 2 ...ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore. Md.

PARENTS.

10-NAME OF FATHER, Jakob Bochniak.

11-BIRTHPLACE OF FATHER (State or Country), Poland Austria

12-MAIDEN NAME OF MOTHER Carolina Rok.

13-BIRTHPLACE OF MOTHER (State or Country), Poland Austria.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Bochniak

(Address) 620 S Bond St.

15-

FILED JUN 11 1917 191.... HARRY C. ANDREWS, Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 10 th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 7 1917, to June 10 1917, that I saw h— alive on June 9 1917, and that death occurred, on the date stated above, at 1030 a. m.

The CAUSE OF DEATH* was as follows:

.....Marasmus.....

..... (Duration) yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Intestinal Indigestion

..... (Duration) yrs. .... mos. 4 ds.

(Signed) ..... M. D.

June 11, 1917. (Address) 165 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....dy. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	JUN 1 1 1917 191...

20-UNDERTAKER	ADDRESS
M. F. Sobieski	705 S. Ann St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5080

CERTIFICATE OF DEATH.

39

D 5080

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 N Stricker ST.; 16 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine F Donnelly

(Residence in Baltimore: No. 1103 N Stricker St.: — yrs., — mos. — ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	widow

6-DATE OF BIRTH, Unknown (Month) (Day) 1842 (Year)

7-AGE, 75 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Washington D C

PARENTS.

10-NAME OF FATHER, James Freeman

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Catherine Flurry

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Fowler

(Address) Washington D C

15- JUN 11 1917 Filed ..... 191. HARRY C. ANDREWS Registrar

Dr McCarthy Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 10- (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 14- 1916, to June 10- 1917, that I saw her alive on June 10- 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Acute

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas L McCarthy M. D.

June 11, 1917 (Address) 906 N Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem	June 13, 1917

20-UNDERTAKER Mackey & Sons ADDRESS 406 Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5981 — 71 — D 5981

1-PLACE OF DEATH Womans Hospital. REGISTERED No. C

CITY OF BALTIMORE: (No. ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Phillis Leonard.

(Residence in Baltimore: No. Womans Hospital St.; yrs., mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH, June (Month) 1st (Day) 1917. (Year)

7-AGE,	If LESS than 1 day,
....yrs. 10 mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....none.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Samuel M Lenard

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mazzie P. Harman

13-BIRTHPLACE OF MOTHER (State or Country), Jenfos. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel M Lenard

(Address) Baltimore Md

15- Filed JUN 11 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1917, to June 11 1917, that I saw h[im] alive on June 11 1917, and that death occurred, on the date stated above, at 5 50 a. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs. ....mos. 4 ds.

(Signed) Charles R. Burke M. D.

June 11, 1917. (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 11 ds. In the State ....yrs. ....mos. 11 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Womans Hospital

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	6-11-, 1917.
20-UNDERTAKER	ADDRESS
Robert Brooks & Son	Calhoun & Hollins

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 5082 — 38 — D 5082

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Eva B Stewart

(Residence in Baltimore: No. 1706 Payson St St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, July 8th, 1881.
(Month) (Day) (Year)

7-AGE, 35 yrs. 11 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Alexander Davis

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Laura Jane Redding

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Webster Stewart

(Address) 1706 N. Payson

15- JUN 11 1917 Filed, 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1917, to June 9 1917, that I saw her alive on June 9 1917, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Septicemia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Fallopian tubes

(Duration) yrs. mos. 9 ds.

(Signed) Chester Roland M. D.

June 9, 1917. (Address) 2532 Edmonson ave

Per Hist. Interne Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 5 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 1706 Payson St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn	....., 191..

20-UNDERTAKER	ADDRESS
Co. Fleischmann	

D 5983

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1314 Webster St. ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Lauenroth.

(Residence in Baltimore: No. 1314 Webster St.

St.; Yrs. 2 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, April 12th 1917., 1
(Month) (Day) (Year)

7-AGE, yrs. 1 mos. 28 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, August Lauenroth.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Catherine Will.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Catherine Lauenroth. (mother)

(Address) 1314 Webster St.

JUN 11 1917 ROBERT E. KRAUSE

Filed ....., 191.. Registrar

Burial Permit Issued

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8th 1917., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cholera Infantum.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhard (Coroner.) M. D.

June 11, 1917 (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, JUN 11 1917, 19..

20-UNDERTAKER Geo J. Fahey & Son ADDRESS 1338 Eight

Spec.—8-24-14—M. & T.—2000 Bks.

D 5984

HEALTH DEPARTMENT—CITY OF BALTIMORE

X105 ✓ D 5984

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Suzanne Crow Brown

(Residence in Baltimore: No. 4 days St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, October 20, 1911.
(Month) (Day) (Year)

7-AGE, 5 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Robt A. Brown.

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Suzanne K. Crow

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hosp

15- Filed JUN 11 1917, 191... ROBERT B. KRAUTH Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3 191 7, to June 11 191 7, that I saw h[illegible] alive on June 11 191 7, and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

Multiple Abscesses Colitis

..... (Duration).....yrs.....mos.....7...ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) H. T. Harris M. D.

June 11, 191 7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 4 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 110 E. Lenoir St Raleigh N. C.

19-PLACE OF BURIAL OR REMOVAL, Raleigh N. C. DATE OF BURIAL, June 11, 1917.

20-UNDERTAKER W. Allen Fuller & Sons ADDRESS Spring & Granby

IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 5985

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

6 D 5985

REGISTERED No. C

CITY OF BALTIMORE: (No. 2238 Essex St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William M. Molloy

(Residence in Baltimore: No. 2238 Essex St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. 18 (Month), (Day), 1913 (Year)

7-AGE, 3 yrs. 9 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Cornelius Molloy

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Minnie Wiessner

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Cornelius Molloy

(Address). 2238 Essex St.

15-

Filed JUN 11 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10th (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 191 7, to June 10 191 7, that I saw h— alive on June 10 191 7, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration)....yrs....mos....7...ds.

CONTRIBUTORY (Secondary) Measles

(Duration)....yrs....mos....6...ds.

(Signed) J. Wheeler M. D.

June 11, 191 7. (Address) 165 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Mt. Carmel Cem. DATE OF BURIAL. June 11, 1917

20-UNDERTAKER Lilly & Zeder ADDRESS 403 Dimock

Spec.—8-24-14—M. & T.—2000 Blks.

D 5986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+92 D 5986

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Cousin

(Residence in Baltimore: No. Sparrows Point, Md St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, May (Month) 15 (Day) 1899 (Year)

7-AGE, 18 yrs. — mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER. Albert Cousin

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sallie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Landry Cousins

(Address) 513 N. Bruchen St

15- Filed JUN 11 1917, 191.... ROBERT R. KRAUTER Registrar of Burial Permits

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4, 1917, to June 9, 1917, that I saw him alive on June 9, 1917, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

History (Duration) 7 yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bernard J. Perry M. D.

6/10/, 191/. (Address) Universal Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Sparrows Point, Md.

19-PLACE OF BURIAL OR REMOVAL, Victoria Va — DATE OF BURIAL, June 13 1917.

20-UNDERTAKER Geo H Holland — ADDRESS Druid Hill

Spec.—8-24-14—M. & T.—2000 Bks.

Jno L. Dozier

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 5987.

CERTIFICATE OF DEATH.

28 D 5987.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 511 N Bond ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Dozier

(Residence in Baltimore: No. 511 N Bond St.; ....yrs., ...mos. ....ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH,

....., 1..... (Month) (Day) (Year)

7-AGE, 49 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), N. Carolina

PARENTS.

10-NAME OF FATHER. William H Dozier

11-BIRTHPLACE OF FATHER (State or Country). N. Carolina

12-MAIDEN NAME OF MOTHER Martha Proctor

13-BIRTHPLACE OF MOTHER (State or Country). N Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Mary Dozier.....

(Address)..511 N Bond St.....

15-

Filed JUN 11 1917 191.... ROBERT B. KRAUS

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby. 1917, to June 9 1917, that I saw him alive on June 8 1917, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ....yrs. 4 mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion & Coma

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) Alf S Gage M. D.

6/7/17, 191... (Address) 709 N Edward

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion Cemetery	June 12, 1917.
20-UNDERTAKER John A. Bishop	ADDRESS 1107 N Eden St

Spec.—8-24-14—M. & T.—2000 Blks.

D 5988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 5988

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222 Booth ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John P. Edwards

(Residence in Baltimore: No. 2222 Booth st St.; 39 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 11, 1875
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
41 yrs. 6 mos. 29 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Brush Maker
(b) General nature of industry, business, or establishment in which employed (or employer)..... Rex Bros Brush Co.

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Cornelius Edwards

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lucy Tate

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth A. Edwards

(Address) 2222 Booth st

15-

Filed JUN 11 1917 191.....

ROBERT R. KRAUS
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1916, to June 10 1917, that I saw h.. alive on June 16 1917, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cordiac Asthenia

(Duration) yrs. 7 mos. ds.

(Signed) E. C. Cookman M. D.

6/11/17, 191... (Address) 24 N. Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, June 12 191.7.

20-UNDERTAKER Robb J. Turner — ADDRESS 1442 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5989

CERTIFICATE OF DEATH.

120 D 5989

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 332 Federal ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Reilly

(Residence in Baltimore: No. 332 Federal St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 19, 1858 (Month) (Day) (Year)

7-AGE, 59 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): m/h

9-BIRTHPLACE, (State or Country) Canada Prot

PARENTS.

10-NAME OF FATHER, James Burke

11-BIRTHPLACE OF FATHER (State or Country), Canada Prot

12-MAIDEN NAME OF MOTHER, Elizabeth Hanselman

13-BIRTHPLACE OF MOTHER (State or Country) Canada Prot

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter J Reilly

(Address) 332 Federal

15- Filed JUN 11 1917 191.... ROBERT A. KRAUTH Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14 1916, to June 9 1917, that I saw h[illegible] alive on June 8 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's disease

.... (Duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) ....

.... (Duration) .... yrs. .... mos. .... ds.

(Signed) Dr Bernard Lees M. D.

June 10 1917 (Address) 914 E Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1). MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, June 13, 1917

20-UNDERTAKER Robt Kinnier — ADDRESS 1424 Pine

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 5990

CERTIFICATE OF DEATH.

28 D 5990

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 N Calhoun ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E Bryan

(Residence in Baltimore: No. 1732 N Calhoun St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, ..., 1853 (Month) (Day) (Year)

7-AGE, 64 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, James E Bryan

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Carroll

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida M. Bryan

(Address) 1732 N. Calhoun St

15- Filed JUN 11 1917 191... ROBERT R. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1917, to June 9 1917, that I saw him alive on June 9 1917, and that death occurred, on the date stated above, at 11.30 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac

..... (Duration) ....yrs. 6 mos. ....ds.

(Signed) Duncan McC Coleman M. D.

June 11th 1917. (Address) 15 W Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, January 3, 1917.

20-UNDERTAKER M. Fahey & Sons — ADDRESS 606 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Catherine Dowling

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5991

CERTIFICATE OF DEATH.

28

D 5991

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 McHenry ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Dowling

(Residence in Baltimore: No. 1522 McHenry St.; 29 yrs., 7 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Oct 10 (Month) (Day) 1887 (Year)

7-AGE, 29 yrs. 7 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, William Ayle

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lena Alvater

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Dowling

(Address) 1522 McHenry

15-

Filed JUN 11 1917, 191.... ROBERT R. KRAUTER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1917, to June 9 1917, that I saw him alive on June 9 1917, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis of Bowels

(Duration) yrs. 5 mos. ds.

(Signed) Dr. Geo. Wash Ward M. D.

June 10, 1917. (Address) 701 Eason St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	June 12, 1917
20-UNDERTAKER	ADDRESS
John F. Fields	1002 W. Lombard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5992

CERTIFICATE OF DEATH.

61 D 5992

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Chester

(Residence in Baltimore: No. 805 N. Dallas St. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, September 18, 1910
(Month) (Day) (Year)

7-AGE, 6 yrs. 7 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel Chester

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mary Bishop

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Smith

(Address) Johns Hopkins Hospital

15-
Filed JUN 11 1917 191.... ROBERT R. KRAUTH
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 7 191 7, to June 10 191 7, that I saw h[illegible] alive on June 10 191 7, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Epidemic Meningitis

..... (Duration).....yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Henry B. Conrad M. D.

June 11, 191.. (Address) Johns Hopkins Hosp. M.C.V.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 6 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 805 N. Dallas St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Conn	June 12, 191.7.

20-UNDERTAKER	ADDRESS
Wm R A Elliott	506 East-St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5993

CERTIFICATE OF DEATH.

109 D 5993

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mayer Lowenshon

(Residence in Baltimore: No. 1951 W. North ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, January 25 (Month) (Day) 1844 (Year)

7-AGE, 73 yrs. 3 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Harry Walters

(Address)... 2101 W. north ave

15-

Filed..... 101.....

JUN 11 1917

ROBERT R. KRAUS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 7 1917, to June 11 1917, that I saw h[illegible] alive on June 11 1917, and that death occurred, on the date stated above, at 4.45 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar Primary Uremia

(Duration)....yrs.,....mos. 5 or 6 ds.

CONTRIBUTORY (Secondary) Toxaemia

(Duration)....yrs....mos....ds.

(Signed) Edward H. Bond M. D.

June 11, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 4 ds. In the State Dont know yrs....mos....ds.

Where was disease contracted, if not at place of death? 1951 W. North ave

Former or usual residence 1951 W. North ave

19-PLACE OF BURIAL OR REMOVAL, Harmina Lem

DATE OF BURIAL, June 13, 1917.

20-UNDERTAKER Jahrens & Co

ADDRESS 1611 Mad Ave

D 5994

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 5994

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 621 N. Mosher St.; 14 WARD)

2-FULL NAME Cordelia R. Renshaw

(Residence in Baltimore: No. 621 N. Mosher St.; 60 yrs. X mos. X ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Dec 20 (Month) (Day), 1839 (Year)

7-AGE: 77 yrs. 5 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Carroll Co Md

PARENTS

10-NAME OF FATHER: Samuel Foreman

11-BIRTHPLACE OF FATHER (State or country): Carroll Co Md

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Renshaw

(Address) 621 N Mosher St

15- Filed JUN 11 1917, 191 ROBERT R. KEA[illegible]

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5, 1917, to June 9, 1917, that I saw h[illegible] alive on June 9, 1917, and that death occurred, on the date stated above, at 7.30a m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis
Endocarditis.

(Duration) 3 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S. Baldwin Jacobs M. D.

(Address) 941 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park Cem

DATE OF BURIAL: June 12, 1917

20-UNDERTAKER: Mrs A Rohde & Son

ADDRESS: 732 Penna Ave

Date CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 5995

CERTIFICATE OF DEATH.

4108 ✓

REGISTERED No. D 5995

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6) Franklin Sq Hosp ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Robert L Johnson

(Residence in Baltimore: No. Arlington Sta E. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August (Month) 30 (Day), 1896 (Year)

7-AGE, 19 yrs. 10 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Automobile
(b) General nature of industry, business, or establishment in which employed (or employer): Mechanic

9-BIRTHPLACE, (State or Country). Rappahannock Co Va

PARENTS.

10-NAME OF FATHER. Isaac J. Johnson

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Martha Jannie Thornhill

13-BIRTHPLACE OF MOTHER (State or Country). Rappahannock Co Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac J. Johnson

(Address) Brig Gen Balto Co.

15- Filed JUN 11 1917, 191.. ROBERT R. KRAUS[illegible]
Burial Permit Returned

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1917, to June 9 1917, that I saw him alive on June 8 1917, and that death occurred, on the date stated above, at 4:20 a.m.

The CAUSE OF DEATH* was as follows:

Septicemia and
(Secondary) Gen[illegible] peritonitis

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) appendicitis

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) J. H. Branham M. D.

6-9 1917. (Address) 2200 W. Mad

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence Arlington Sta E.

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, June 12, 191..

20-UNDERTAKER Harry A. Vitz — ADDRESS 531 Lombard St

Spec.—5-19-17—M. & T.—500 Bks.

D 5996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 D 5996

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 N. Charles ST.; 12 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Ann Morris

(Residence in Baltimore: No. 2018 N. Charles St.; ....yrs.....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, November (Month) 20 (Day), 1845 (Year)

7-AGE, 72 yrs. 6 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER, John Buck

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Adelaine A. Brown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. L. Morris

(Address) 2018 N. Charles St.

15-

Filed JUN 11 1917 191.. ROBERT R. KRAUSE Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8/19 191.., to 6/11 1917, that I saw h.. alive on ..... 191.., and that death occurred, on the date stated above, at 7.35 A m.

The CAUSE OF DEATH* was as follows:
Impacted fractures right femur.
Fall while walking cause from Paralysis
Chronic Bright's Disease
..... (Duration).....yrs. 10 mos.....ds.
CONTRIBUTORY (Secondary) Intemperance
..... (Duration).....yrs.....mos.....ds.

(Signed) Jno W. Dodd M. D.

6/11 191.7 (Address) 2020 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, June 11, 191.7

20-UNDERTAKER H E Hughes — ADDRESS 173 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 5997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 D 5997

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 118 Welcome alley ST.; 22 WARD)

2-FULL NAME Belle Williams
(Residence in Baltimore: No. 118 Welcome alley St.; ..... yrs., ... mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 54 yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 137

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Nicholas Swallwood

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Rachael Grayson
(Address) 142 W. Hamburg st.

15- JUN 12 1917
Filed ....., 191.... HENRY C. ANDREAE Registrar.
Burial Permit Oleo

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 7, 1917, to June 9, 1917, that I saw her alive on June 9 1917, and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:
Primary Acute Bronchitis
Immediate Exhaustion
(Duration) Nine m. mos. 14 ds.
CONTRIBUTORY (Secondary) ..... Personal Knowledge
(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) J. P. Shaw M. D.
June 11, 1917. (Address) 506 Hanover st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Auburn — DATE OF BURIAL, June 12 1917.

20-UNDERTAKER 108 W Montgomery — ADDRESS J. L. Blower & Son

D 5998

HEALTH DEPARTMENT—CITY OF BALTIMORE

169 ✓ D 5998

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Foot of Lowman St. ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Dougherty.

(Residence in Baltimore: No. 1142 Hull St. St.: 34, mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Married

6-DATE OF BIRTH. October 31st. 1864., 1..... (Month) (Day) (Year)

7-AGE. 55 yrs. 7 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Stevedore.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Ireland.

PARENTS.

10-NAME OF FATHER. Michael Dougherty.

11-BIRTHPLACE OF FATHER (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER. Catherine McDevitt.

13-BIRTHPLACE OF MOTHER (State or Country). Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Dougherty.(wife)

(Address) 1142 Hull St.

15- Filed JUN 12 1917 101... [illegible] Clerk. Burial Permit Registrar.

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Missing June 8th. 1917. Body found June 10th. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Otto M Reinhardt M. D.

June 11, 1917. (Coroner) 1017 S. Charles

....., 101... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. New Cathedral — DATE OF BURIAL. 6-12-1917

20-UNDERTAKER. M. J. Flynn — ADDRESS 14 & 16 Light St.

D 5999 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 5999

CERTIFICATE OF DEATH.

91

PLACE OF DEATH

CITY OF BALTIMORE (No. 563 Fremont St. 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Baby Sutton

(Residence in Baltimore: No. 563 Fremont St.; yrs.,, mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 31, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Agra Sutton

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ethel Dutton

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agra Sutton

(Address) 563 Fremont St.

15- [redacted] C. BOWLES

Filed JUN 12 1917 191.. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Pharyngitis

(Duration) ....yrs. ....mos. ....ds.

(Signed) [redacted] M. D.
(Coroner.)

191.. (Address) 519 K. Scale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, June 12 19..

20-UNDERTAKER Samuel A Newsted

ADDRESS 578 N Eutaw

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6000

CERTIFICATE OF DEATH.

129 ✓ D 6000

REGISTERED No. C.....

1-PLACE OF DEATH Ind. Gen. Hosp.

CITY OF BALTIMORE: (No. Lindsay Ave & Madison ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Eva Plowman

(Residence in Baltimore: No. 1404 Penna. Ave. St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	colored.	Married

6-DATE OF BIRTH, ... Unknown (Month), 1 (Day) ..... (Year)

7-AGE, ... 37 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home 03

9-BIRTHPLACE, (State or Country), Ind

PARENTS.

10-NAME OF FATHER, Thomas Heath

11-BIRTHPLACE OF FATHER (State or Country) Balto - Md.

12-MAIDEN NAME OF MOTHER Susie Williams

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Martha Wilkes

(Address) 511 W Lafayette

15- JUN 12 1917 Filed....., 191.... [illegible] Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 9 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 6 191 , to June 9 191 7, that I saw h in alive on June 9 191 , and that death occurred, on the date stated above, at 10.55 a.m.

The CAUSE OF DEATH* was as follows:

..... Tubroid Tumor of
..... Uterus.
..... (Duration) ..... yrs. ..... mos. ..... ds. unknown

CONTRIBUTORY (Secondary) ..... Intestinal Obstruction

..... (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) B H Grove M. D.

June 9, 191 7 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1404 Penna Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, June 11 191 7

20-UNDERTAKER Samuel Newby — ADDRESS 618 W Fayette

Spec.—5-19-13—M. & T.—500 Bks.

Milton Holmes

D 6001

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 D 6001

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 576 Union ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton Holmes

(Residence in Baltimore: No. 576 Union St. St.; .....yrs., 12 mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 10 (Month) (Day), 1916 (Year)

7-AGE, ... yrs. 12 mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER Daniel Holmes

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ella Braxton

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Giles

(Address) 576 Guilford Ave

15- JUN 12 1917 HARRY C. [illegible] Burial Permit Clerk

Filed ....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/23 1917 to June 4 1917, that I saw h[illegible] alive on June 4 1917, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Rickets

..... (Duration) .....yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. ..... mos. ..... ds.

(Signed) E. H. Cochran M. D.

6/11..., 191.7 (Address) 1130 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, June 12 191.7

20-UNDERTAKER Daniel Easton

ADDRESS 916 Pa. ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6002

CERTIFICATE OF DEATH.

92 D 6002

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick L. Moale

(Residence in Baltimore: No. 715 St Paul St. St.; 1 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 78 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Broker
(b) General nature of industry, business, or establishment in which employed (or employer) " 086

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Randle H. Moale

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Elizabeth S. Peck

13-BIRTHPLACE OF MOTHER (State or Country), New Port R.I.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Secretary Mercy Hosp

(Address) Mercy Hosp

15-

Filed JUN 12 1917 191.....

[illegible] Registrar.

[illegible] Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1917, to June 10 1917, that I saw h[illegible] alive on June 10 1917, and that death occurred, on the date stated above, at 4:20 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Two days

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward H. Smith M. D.

June 10, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 715 St Paul St

Former or usual residence 715 St Paul St

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery. DATE OF BURIAL, June 12 1917.

20-UNDERTAKER Henry H. Jenkins & Sons Co Orchard Sts.

D 6003 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18 D 6003

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 557 Greenmount St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Mathews

(Residence in Baltimore: No. 557 Greenmount St. Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1872 (Year)

7-AGE, 42 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Mathews

(Address) 557 Greenmount

15- Filed JUN 12 1917 191.....

HARRY C. ADELMAN
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 11, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fatal Erysipelas

Immediate .....

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exposure

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)

June 11, 191.. (Address) 19 E Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, June 12 19..)

20-UNDERTAKER Daniel Easter

ADDRESS 716 Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

D 6004

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6004

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 St. Mary's ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Burton T. Baker

(Residence in Baltimore: No. 524 St. Marys St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, November 16th, 1863
(Month) (Day) (Year)

7-AGE, 53 yrs. 7 mos. 25 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private family

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Ellen Parker

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Emma Baker

(Address)..... 524 St. Marys

15-

Filed JUN 12 1917 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31 1917, to June 10 1917, that I saw him alive on June 10 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Arteriosclerosis

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute Gastritis

(Duration) — yrs. — mos. 7 ds.

(Signed) Frolz Thelps M. D.

June 12 1917 (Address) 224 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery | DATE OF BURIAL, 6-12-, 191 7.

20-UNDERTAKER Felix B. Orge. | ADDRESS 1022 Gunterry St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6005

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6005

CERTIFICATE OF DEATH.

REGISTERED NO. C 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 Bank St. ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry F Stansbury

(Residence in Baltimore: No. 1738 Bank St. St.; 59 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Divorced

6-DATE OF BIRTH, Dec 11th, 1857. (Month) (Day) (Year)

7-AGE. 59 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cap maker
(b) General nature of industry, business, or establishment in which employed (or employer) 686

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Tom F Stansbury

11-BIRTHPLACE OF FATHER (State or Country), Balto County

12-MAIDEN NAME OF MOTHER Maria Degue

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Stansbury

(Address) 1738 Bank St.

15-

Filed JUN 12 1917 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9th, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 28 1917, to June 9 1917, that I saw h[illegible] alive on June 8 1917, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Atypic Carcinosis

Liver

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bladder

(Duration) yrs. mos. 1 ds.

(Signed) G C Slade M. D.

June 11, 191... (Address) 142 N Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery — DATE OF BURIAL, June 13, 191...

20-UNDERTAKER John C Wooden — ADDRESS Bank & Conn Sts

Spec.—8-24-14—M. & T.—2000 Bks.

D 6006

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6006

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 S. Sharp ST. 22 WARD)

2-FULL NAME Frederick J. Andreae

(Residence in Baltimore: No. 603 S. Sharp St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) 28 (Day), 1916 (Year)

7-AGE, 1 yrs. 3 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....—
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Frederick Andreae

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Teresa Abel

13-BIRTHPLACE OF MOTHER (State or Country) Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frdk. Andreae

(Address) 603 S. Sharp St

15-

Filed JUN 12 1917, 191.... HARRY C. ANDREWS

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 191 7, to June 11 191 7, that I saw h[illegible] alive on June 10 191 7, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) ....yrs. 2 mos. [illegible] ds.

(Signed) [illegible] M. D.

Capt. U.S.A., 191... (Address) Ft. McPherson, Ga.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, June 13, 1917

20-UNDERTAKER F. A. Krause — ADDRESS 703 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6007.

CERTIFICATE OF DEATH.

1917 D 6007.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 S. Sharp ST.; 22 WARD) REGISTERED No. C.....

2-FULL NAME William H. Forsyth

(Residence in Baltimore: No. 800 S. Sharp St.; Life yrs., ... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Aug (Month) 11 (Day), 1853 (Year)

7-AGE, 63 yrs. 9 mos. 29 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): 045

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm H. Forsyth.

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co Md

12-MAIDEN NAME OF MOTHER Sarah Owings

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deborah Forsyth

(Address) 800 S. Sharp St.

15- JUN 12 1917 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 191 6, to June 9 1917, that I saw h.. alive on June 9 1917, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) .... yrs. .... mos. 3 ds.

(Signed) R. A. Campbell M. D.

June, 191.7 (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery — DATE OF BURIAL, June 13, 1917.

20-UNDERTAKER F. A. Krause — ADDRESS 703 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6008

CERTIFICATE OF DEATH.

40 ✓ D 6008

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1940 McHenry St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Margaret Boettinger

(Residence in Baltimore: No. 1940 McHenry St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOW OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, December (Month) 10 (Day), 1839 (Year)

7-AGE, 77 yrs. 6 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House 037
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Wife

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank G. Boettinger

(Address) 1903 Fremont Av.

15- JUN 12 1917 HARRY C. ARNOLD

Filed....., 191.... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1917, to June 10 1917, that I saw h er alive on June 9 1917, and that death occurred, on the date stated above, at 10 45 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Cystadenoma

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Goldberg M. D.

June 10, 1917 (Address) 2021 W. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem.

DATE OF BURIAL, June 12, 1917

20-UNDERTAKER P. D. Fucek

ADDRESS 1921 W. Pratt St.

9c D 6009

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 D 6009

1-PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 1907 Wilkens Av St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Albert Miller

(Residence in Baltimore: No. 1907 Wilkens Av St.; 40 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb 23, 1853 (Month) (Day) (Year)

7-AGE: 64 yrs. 3 mos. 18 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION (a) Trade, profession, or particular kind of work: Carpenter (b) General nature of industry, business, or establishment in which employed (or employer): (Houses) ON

9-BIRTHPLACE (State or country): York N. Y.

PARENTS

10-NAME OF FATHER: Lyman Miller

11-BIRTHPLACE OF FATHER (State or country): New York

12-MAIDEN NAME OF MOTHER: dont know

13-BIRTHPLACE OF MOTHER (State or country): New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Miller

(Address) 1907 Wilkens av

15- JUN 12 1917 Filed ..... 191 .....

HARRY M. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 10, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 9, 1917, to June 9 1917, that I saw him alive on June 9, 1917, and that death occurred, on the date stated above, at 6 A.m.

The CAUSE OF DEATH* was as follows:

Uremia (coma)

(Duration) ... yrs. ... mos. 2 ds

Contributory (SECONDARY): Acute Nephritis

(Duration) ... yrs. 3 mos. 1 ds.

(Signed) J. M. Robinson M. D.

(Address) 2010 Wilkens av

June 10, 1917

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: June 12, 1917

20-UNDERTAKER: J B Wiseheart

ADDRESS: 738 Fremont Av

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6010 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 6010

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 13 WARD) REGISTERED NO. C 120

2-FULL NAME Martha Kent

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 903 Hardens Court St.; 2 yrs., 9 mos. ds.)

Hardens Court

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 20, 1893.
(Month) (Day) (Year)

7-AGE, 23 yrs. 6 mos. 21 ds.

If LESS than 1 day, 0 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife '37
(b) General nature of industry, business, or establishment in which employed (or employer): Home Wife

9-BIRTHPLACE, (State or Country). N. Carolina

PARENTS.

10-NAME OF FATHER. Louis Kuiss

11-BIRTHPLACE OF FATHER (State or Country). N. Carolina

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Kent

(Address) 903 Hardens Court

JUN 12 1917

Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 11 191 7, to June 11 191 7, that I saw h[illegible] alive on June 11 191 7, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) — yrs. 3 hrs.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) — yrs. — mos. — ds.

(Signed) E. C. Hancock M. D.

6-11, 191.7 (Address) Municipal Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 3 mos. 2 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 903 Hardens Court

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, June 12, 1917.

20-UNDERTAKER Charles B. Jones

ADDRESS 235 Penn

D 6011

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6011

CERTIFICATE OF DEATH.

+17⁰

REGISTERED No. C.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Maryland General Hospital St.: 11 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. James

(Residence in Baltimore: No. 13 Dorr St Sparrows Point Md St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. September 24, 1884
(Month) (Day) (Year)

7-AGE. 32 yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Machinist
(b) General nature of industry, business, or establishment in which employed (or employer). 191

9-BIRTHPLACE, (State or Country). Pa.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lillian Fletcher
(Address) 13 Dorr St Sparrows Point Md

15- Filed JUN 12 1917 HARRY C. ANDREWS Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 8/17 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental from shot wound in left chest

(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Carbuncle on Arm

(Duration) yrs. mos. ds.
(Signed) P Whitacre M. D.
(Coroner.)
June 9, 1917. (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos. 14 ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death? Sparrows Point Md
Former or usual residence Sparrows Point Md

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn Cemetery
DATE OF BURIAL. June 12, 1917

20-UNDERTAKER Christian Miller
ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Blks.

D 6012

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6012

CERTIFICATE OF DEATH.

REGISTERED No. C 50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 N. Chapel ST.; 6th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Joseph Emlsal

(Residence in Baltimore: No. 418 N Chapel St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. January 27, 1876 (Month) (Day) (Year)

7-AGE. 41 yrs. 4 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tailor
(b) General nature of industry, business, or establishment in which employed (or employer). O&O

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), —

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Emlsal

(Address) 418 N Chapel

15-

Filed. JUN 12 1917 By HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 10, 1917. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 18 1916, to June 10 1917, that I saw h[im] alive on June 9 1917, and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intermittent Edema

(Duration) yrs. 3 mos. ds.

(Signed) Edward J Gorsch M. D.

6/11, 1917. (Address) 415 N Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill Cem — DATE OF BURIAL, June 13 1917

20-UNDERTAKER Geo M. Fink — ADDRESS 811 N Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

D 6013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

63

D 6013

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1134 Columbia Ave ST.; 21 WARD)

2-FULL NAME Thomas Stanger

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1134 Columbia ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, April (Month) 25 (Day), 1861. (Year)

7-AGE, 56 yrs. 1 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Grain Weigher
(b) General nature of industry, business, or establishment in which employed (or employer). at home 037

9-BIRTHPLACE (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jos. Schuffe

11-BIRTHPLACE OF FATHER. (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna B Engesser

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Ruth Meyer

(Address) 1134 Columbia ave

15-

Filed JUN 12 1917 191... HARRY C. ANDREWS... Registrar.

Burial Permit Olgd

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to June 10 1917, that I saw h[illegible] alive on June 9 1917, and that death occurred, on the date stated above, at 8 [illegible] m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

June 11, 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, June 13.., 191..

20-UNDERTAKER Charles W. Dill. ADDRESS 809 Fred'k Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6014

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6014

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 N Madiera ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J. Holoubek

(Residence in Baltimore: No. 619 N Madiera St.; 23 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mab

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov. (Month) 1 (Day) ..... (Year)

7-AGE, 43 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, John Holoubek

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Frances Buchta

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Sophia Holoubek

(Address) 619 N Madiera st

15- FILED JUN 12 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 12 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1917, to June 12 1917, that I saw h in alive on June 10 1917, and that death occurred, on the date stated above, at 7 1/4 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthesis

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Edema of Lungs

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. J. Kemp M. D.

June 12, 191 7. (Address) 604 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, June 15, 1917

20-UNDERTAKER Isaac Enoch & Son — ADDRESS 1[illegible] Garland st

D 6015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 6015

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 232 Park Ave St. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ong Hing

(Residence in Baltimore: No. 232 Park Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Yellow

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month), (Day), 1869 (Year)

7-AGE: 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laundryman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): China

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chee Kung Tong

(Address) 232 Park Ave

15- Filed JUN 12 1917 191 ROBERT KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 11th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1917, to June 11 1917, that I saw him alive on June 10th 1917, and that death occurred, on the date stated above, at 5:00 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis ?

? (Duration) ? yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Edwin C. Price M. D.

June 11, 1917 (Address) 1012 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: June 17, 1917

20-UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W. Fayette St.

Is very important. See instructions on back of certificate.

D 6016

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6016

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1115 Briscoe St. St.: 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Sampson.(C)

(Residence in Baltimore: No. 1115 Briscoe St. St.; 55 yrs. 2 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	Colored	Married

6-DATE OF BIRTH, March 29th. 1862. (Month) (Day) (Year)

7-AGE, 55 yrs. 2 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer in
(b) General nature of industry, business, or establishment in which employed (or employer): Brick yard.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Sampson.(C)

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER Julia Strickland.(C)

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James L.Robertson.(C)brother.

(Address) 558 St.Marys St.

15- JUN 12 1917. 191.... ROBERT R. KRAUS
Registrar.
Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10th.1917. (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Otto M.Bernhardt M. D. (Coroner.)

June 12,1917 (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	June 12, 1917.
20-UNDERTAKER Geo H Hooper	ADDRESS 60 Little Pacca St

D 6017

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 D 6017

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1126 Russell ST. 21 WARD)

2-FULL NAME Charles H Taylor

(Residence in Baltimore: No. 1126 Russell St. St.: 68 yrs. mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Col	Widowed

6-DATE OF BIRTH September (Month) (Day), 1849 (Year)

7-AGE 68 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Ret'd

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Charles Taylor

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Eliza Dulaney

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rachel Taylor

(Address) 1126 Russell St

JUN 12 1917 Filed ....., 191.... ROBERT R. KRAUTH Burial Permit Otcl REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June (Month) 10 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1917, to June 10, 1917, that I saw h-- alive on June 9, 1917, and that death occurred, on the date stated above, at 3.54 m.

The CAUSE OF DEATH* was as follows:

Subacute Interstitial Nephritis

(Duration) yrs. mos. 30 ds

Contributory (SECONDARY) Subacute Interstitial Nephritis (Duration) yrs. mos. 30 ds.

(Signed) Edw. V Fitzgerald M. D.

6/11, 1917 (Address) 1108 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery | DATE OF BURIAL: June 13, 1917

20-UNDERTAKER: Geo H Hooper | ADDRESS: 617 Lutt Place

IS very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6018

CERTIFICATE OF DEATH.

28

D 6018

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 403 Parrish ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachael Hilliary

(Residence in Baltimore: No. 403 Parrish ..St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, ... (Month) ....., (Day) 1..... (Year)

7-AGE,	If LESS than 1 day,
60 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Carroll

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Wallace

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Wallace

(Address) 403 Parrish St

15- Filed JUN 12 1917, 191.... ROBERT R. KRAUTH Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Lack of fresh air

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Francis M Fenton M. D. (Coroner.)

June 12, 1917 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Annapolis Md	June 12 1917

20-UNDERTAKER ADDRESS

W J Tschan Inc

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6019

CERTIFICATE OF DEATH.

D 6019

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3925 Maine Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles William Henry Burns

(Residence in Baltimore: No. 3925 Maine Ave St.; ....yrs.,....mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September 28, 1846 (Month) (Day) (Year)

7-AGE, 70 yrs. 8 mos. 14 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Burns

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Lucy Ellen Duvall

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas H. Burns

(Address) 3925 Maine Ave

15-

FILED JUN 12 1917 1917 ROBERT R. KRAETER, Registrar.

Burial Permit Oler

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1917, to June 1917, that I saw h alive on June 10 1917, and that death occurred, on the date stated above, at 10:25 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

Arteriosclerosis

(Duration) ....yrs. 1 mos. ....da.

CONTRIBUTORY (Secondary)

(Duration) 2 yrs. ....mos. ....da.

(Signed) Louis McLeguard M. D.

June 12, 1917. (Address) 1505 Alameda

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, June 17, 1917.

20-UNDERTAKER H. E. Hughes

ADDRESS 17 S. Broadway

1505 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6020

CERTIFICATE OF DEATH.

17 D 6020

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Webb

(Residence in Baltimore: No. 1719 Barclay St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, June 1 (Month) (Day) (Year)

7-AGE, 2 yrs. mos. ds. (Must be 2 yrs. June 16-1917) IF LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Geo. Webb

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, El. Brady

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Webb

(Address) 1719 Barclay

15- FILED JUN 12 1917 191 ROBERT R. KRAUT Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull - accidental fall.

1 day (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. D. Kelly M. D. (Coroner.)

June 11, 1917. (Address) 1637 Bruns

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 dy mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1719 Barclay St.

Former or usual residence 1719 Barclay St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western	June 13, 1917
20-UNDERTAKER Wm. Cook	ADDRESS 502 E. North Ave

(End)

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 6021

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

120 D 6021

REGISTERED No. C.....

CITY OF BALTIMORE (No. 4103 Reisterstown Road St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Colley

(Residence in Baltimore: No. 4103 Reisterstown Road St.; yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... Aug. (Month) 5 (Day), 1874 (Year)

7-AGE, 43 yrs. 10 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife 037

9-BIRTHPLACE, (State or Country): West Virginia

PARENTS.

10-NAME OF FATHER: David Braun

11-BIRTHPLACE OF FATHER (State or Country): Scotland

12-MAIDEN NAME OF MOTHER: Jane Miller

13-BIRTHPLACE OF MOTHER (State or Country): Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Lura Colley

(Address) 4103 Reisterstown Road

15 Filed JUN 12 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Unknown

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Miller Evans M. D. (Coroner.)

June 12 1917. (Address) 519 N. Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State None yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, June 14, 1917

20-UNDERTAKER Wm Cook

ADDRESS 502 E North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6022

CERTIFICATE OF DEATH.

40 D. 6022

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 E. Pratt ST.; 1 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. W. Roehle

(Residence in Baltimore: No. 2219 E. Pratt St.; 63 yrs., 5 mos., 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, January (Month) 8 (Day), 1854 (Year)

7-AGE, 63 yrs. 5 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Theodore Seydecker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Bitzel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Wiegand

(Address) 2219 E. Pratt St.

15-

Filed JUN 12 1917 ROBERT R. KRA[illegible] Registrar.

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27 1917, to June 11 1917, that I saw h[illegible] alive on June 10 1917, and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of liver and stomach

Clinical

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. C. Burns M. D.

June 12 1917. (Address) 2215 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park DATE OF BURIAL: June 14, 1917

20-UNDERTAKER J. P. Cook ADDRESS 1032 N. Balto

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6023

CERTIFICATE OF DEATH.

19 D 6023

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 325 N Calhoun St.; (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Catherine Angelmaier

(Residence in Baltimore: No. 325 N Calhoun St.; 63 yrs., 4 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fem

4-COLOR OR RACE: Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Wid

6-DATE OF BIRTH, Feb 6, 1854
(Month) (Day) (Year)

7-AGE, 63 yrs. 4 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekpr
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Geo Funck

(Address) 325 N Calhoun

15- Filed JUN 12 1917 191.. ROBERT R. KRAUSE Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 191 7, to June 12 191 7, that I saw h alive on June 11 191 7, and that death occurred, on the date stated above, at 4 30 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hem-
orrhage

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Valvular Dis of Heart

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lauden Park — DATE OF BURIAL, 6-14-, 1917.

20-UNDERTAKER Geo. J. Smith — ADDRESS 1000 W Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

D 6024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 79 D 6024

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 W Lanvale ST.; 19 WARD)

2-FULL NAME John B Wheatley

(Residence in Baltimore: No. 1315 W Lanvale St.; yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. March 31 (Month) (Day), 1914 (Year)

7-AGE. 3 yrs. 3 mos. 11 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer). 000

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Geo H Wheatley Jr

11-BIRTHPLACE OF FATHER (State or Country), Md "

12-MAIDEN NAME OF MOTHER. Eva Hubner

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo H Wheatley Jr

(Address) 1315 W Lanvale St.

15- Filed JUN 12 1917, 191.. ROBERT R. KRA[illegible] Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11th (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 6 1917, to June 11th 1917, that I saw h[illegible] alive on June 10th 1917, and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Albuminuria

(Duration) yrs. 10 mos. ds.

(Signed) Edward Montemuro M. D.

June 11th, 1917. (Address) 530 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, June 13 1917

20-UNDERTAKER George J Smith — ADDRESS 1000 N Payette Av

Spec.—8-24-14—M. & T.—2000 Blks.

Wm Wilson

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6025

CERTIFICATE OF DEATH.

81 D 6025

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 Lemon ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Wilson

(Residence in Baltimore: No. 1315 Lemon St St.; ? yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, June (Month) 11 (Day), 1868 1867 (Year)

7-AGE, 49 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter General
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John H. Wilson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Charlotte Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas A. Wilson

(Address) 1012 Cryer Ave

15- JUN 12 1917 191.. ROBERT R. KRAUSE Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH June (Month) 11 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 29 1917, to June 1 1917, that I saw h living alive on June 10 1917, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

Under my care 2 days

(Duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Bl Stewart M. D.

June 11 191.7 (Address) 1003 Druid Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, June 13, 1917.

20-UNDERTAKER A. Jones — ADDRESS 207 S. Stricker

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6026

CERTIFICATE OF DEATH.

64 D 6026

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920½ Etting ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Nellie Smith

(Residence in Baltimore: No. 1920½ Etting St.; 2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE. Negro

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Widow

6-DATE OF BIRTH. Not Known ....., 1858.
(Month) (Day) (Year)

7-AGE. 59 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). St Mary's Co. Md.

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nieta Smith

(Address) 318 Gilmor St

15-

Filed JUN 12 1917, 191.....

ROBERT R. KRAETZ

Vital Statistics Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 11, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 1917, to June 11 1917, that I saw her alive on June 10 1917, and that death occurred, on the date stated above, at 12:20 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

..... (Duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) G. Meeker M. D.

6/11, 191.7. (Address) 739 George

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. St Peters Cemetery

DATE OF BURIAL. June 13 1917

20-UNDERTAKER Charles Cronfelt

ADDRESS 1364 Mary

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6027

CERTIFICATE OF DEATH.

179 D 6027

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 N. Carey ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Seymour.

(Residence in Baltimore: No. 1122 N. Carey. St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 46 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor 086
(b) General nature of industry, business, or establishment in which employed (or employer): Apartment House

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Wm Seymour

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Brown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Seymour

(Address) 122 N. Carey St

15-

Filed JUN 12 1917, 191.. ROBERT R. KRAUTH Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH June 12th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20th 1917, to June 12th 1917, that I saw h.. alive on June 11th 1917, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Gastritis

(Duration) yrs. mos. 22 ds.

(Signed) Harry L. Brown M. D.

June 12 1917. (Address) 1501 Presstman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Emmanock Va

DATE OF BURIAL, June 13, 1917.

20-UNDERTAKER Daniel Enright

ADDRESS 136 Mary

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6028

CERTIFICATE OF DEATH.

151 D 6028

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 N. Spring st. ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Emil Walter.

(Residence in Baltimore: No. 1639 N. Spring st. St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 21 May (Month) (Day), 1917. (Year)

7-AGE. .....yrs. 2 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Fredrick Walter

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Dorothy Hucks

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fredrick Walter

(Address) 1639 N. Spring st.

15- Filed JUN 12 1917, 191... ROBERT R. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6/11/17 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/11/17 191, to 6/11/17 191; that I saw h.... alive on 6/11/17 191, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth 7 m.

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Asphyxia

..... (Duration).....yrs.....mos.....ds.

(Signed) Fredrick W. Brown, M. D.

6/11/17, 191... (Address) 2919 E. Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, 6/13, 191..

20-UNDERTAKER George J. Roush

ADDRESS 1735 Harford Ave.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 6029

CERTIFICATE OF DEATH

29 D 6029

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 638 Haw ST.: 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Flora Young

(Residence in Baltimore: No. 638 Haw St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July 2, 1903 (Month) (Day) (Year)

7-AGE: 13 yrs. 11 mos. 8 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Va. Co. Md

PARENTS

10-NAME OF FATHER: William Young

11-BIRTHPLACE OF FATHER (State or country): Calvert Co. Md

12-MAIDEN NAME OF MOTHER: Emma Bias

13-BIRTHPLACE OF MOTHER (State or country): Va. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Young Father

(Address) 634 Low St.

15.

Filed JUN 13 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 10, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 8, 1917, to, June 10 1917, that I saw h[er] alive on June 10, 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(Duration) — yrs. ..... mos. 10 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. S. McCard M. D.

June 13, 1917 (Address) 2005 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cet

DATE OF BURIAL: June 13, 1917

20-UNDERTAKER: P. A. Brown's Son

ADDRESS: 918 N. Monroe St

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6030 D 6030

150

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 N. Register St. 6 ST.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Watkins

(Residence in Baltimore: No. 422 N Register St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH. November 30, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 13 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Isaac Watkins

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Delia Goode

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) John Hopkins Hosp.

15- JUN 13 1917 HARRY C. BURNS Burial Permit Clerk

Filed ....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1917, to June 12 1917, that I saw her alive on June 11 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Congenital malformation of heart ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward T. Powers, M. D.

June 12 1917 (Address) John Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 6 mos. 13 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 422 N. Register St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery. DATE OF BURIAL, June 13, 1917

20-UNDERTAKER, Wm. Robt. A. Elliott ADDRESS 506 E. Lee St.

D 6031

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6031

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Hagerty

(Residence in Baltimore: No. 1037 Sharp St.; yrs., 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dont Know, I (Month) (Day) (Year)

7-AGE, 44 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Painter

9-BIRTHPLACE, (State or Country), Salem

PARENTS.

10-NAME OF FATHER, Michael Hegarty

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Ryan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hagerty

(Address) 1037 S. Sharp St.

15- JUN 13 1917 HARRY C. ANDREWS

Filed ..... 191. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Co. Colitis (abt. 1917)
(Operation upon and died June 8th 1917)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema Lungs
24 hrs (Duration) yrs. mos. ds.

(Signed) W. T. Ruby M. D. (Coroner.)

June 11, 1917. (Address) 1639 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 4 days. In the State 40 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1037 Sharp St

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cem. DATE OF BURIAL, June 13, 1917

20-UNDERTAKER M. A. Flynn ADDRESS 1425 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6032

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6032

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 N. Carolina St. ; ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Mannion

(Residence in Baltimore: No. 1800 N Carolina St.; 51 yrs., 7 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Oct (Month) 25 (Day) 1865 (Year)

7-AGE, 51 yrs. 7 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Henry Schelhase

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Lecher

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Schelhase

(Address) 1031 Riverside ave

15- JUN 13 1917 Filed....., 191.... HARRY C. KLOMAN Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7th 1917, to June 11th 1917, that I saw h Er alive on June 11th 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Anaemia

..... (Duration) — yrs. — mos. 5 ds.

(Signed) Herbert F. Thieman M. D.

June 11, 1917. (Address) 1227 W Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, June 14 1917.

20-UNDERTAKER M. L. Flynn ADDRESS 1422 Light

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6033

CERTIFICATE OF DEATH.

113 ✓ D 6033

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 E. Lafayette ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. M. A. Mann

(Residence in Baltimore: No. 24 E. Lafayette St.; 66 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 15, 1836 (Month) (Day) (Year)

7-AGE, 67 yrs. 2 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Jersey Co.

PARENTS.

10-NAME OF FATHER Mr. S. Mann

11-BIRTHPLACE OF FATHER (State or Country) New Kensington Pa

12-MAIDEN NAME OF MOTHER Jane N. Rudolph

13-BIRTHPLACE OF MOTHER (State or Country) Upper Darby Delaware Co. Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. M. Mann

(Address) 24 E. Lafayette St

15-

Filed JUN 13 1917 191.... HARRY C. [illegible] Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11 (Day), 191... (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 29 1917, to June 11 1917, that I saw her alive on June 9. 191), and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver.

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Cystitis

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) P. Hiller M. D.

6/11, 191.7 (Address) 1735 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery | DATE OF BURIAL, June 14, 1917

20-UNDERTAKER J. B. Keppel & Son | ADDRESS 738 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 6034

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 S. Carline ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jannie Grehore

(Residence in Baltimore: No. 408 S. Carline St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1837 (Year)

7-AGE 80 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore

15- Filed JUN 13 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 12 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1917, to 6/12 1917, that I saw h[illegible] alive on [illegible] 1917, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

Duration from Age

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ira Burton Thomas M. D.

6/12, 191.7 (Address) 414 North St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rosedale

DATE OF BURIAL, 6/13, 191.7

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto

D 6035 HEALTH DEPARTMENT—CITY OF BALTIMORE D 6035

CERTIFICATE OF DEATH.

REGISTERED No. C 79 (Evanuate)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Between Court House + Mercy Hospitals ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Peed

(Residence in Baltimore: No. 2504 Roslyn Ave St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	colored	Married

6-DATE OF BIRTH, March (Month) 23 (Day), 1895 (Year)

7-AGE, 3-8 yrs. 2 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, James Hall

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Virginia Hall

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt L. Peed

(Address) 2502 Roslyn

13- JUN 13 1917

Filed....., 191.... HARRY O. ANDREWS Registrar's Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uterus Scirrhous

Probable Valv. dis. Heart

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) 2 months yrs....mos....ds.

(Signed) W. T. Ruby (Coroner.) M. D.

June 13, 1917. (Address) 1637 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2504 Roslyn Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, June 14, 1917

20-UNDERTAKER John O Mitchell — ADDRESS 1301 W Fayette St

Spec.—8-24-14—M. & T.—3000 Bks.

D 6036

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 6036

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 E Montgomery ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Davis

(Residence in Baltimore: No. 102 E. Montgomery St.; 65 yrs., 4 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan (Month) 28 (Day), 1852 (Year)

7-AGE, 65 yrs. 4 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md-

PARENTS.

10-NAME OF FATHER, John Davis,

11-BIRTHPLACE OF FATHER (State or Country), England,

12-MAIDEN NAME OF MOTHER Catherine Cook

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice J. Davis

(Address) 102 E. Montgomery St

15- Filed JUN 13 1917, 191... HARRY O. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1917, to June 10 1917, that I saw h[illegible] alive on June 10 1917, and that death occurred, on the date stated above, at 2.15 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Cardiac Disease.
Chronic Interstitial Nephritis.

(Duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Frances A. Carpenter M. D.

June 11 1917. (Address) 2101 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK. DATE OF BURIAL JUN 13 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

D 6037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 6037

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 667 W. Lexington ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Gabriele & Maria Chiodi

(Residence in Baltimore: No. 667 W Lexington St.; ..... yrs., ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. June 11, 1917 (Month) (Day) (Year)

7-AGE. ..... yrs. ..... mos. 2 ds. If LESS than 1 day, 4 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE. (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Gabriele Chiodi

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Maria Francioni

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Gabriele Chiodi

(Address) 667 W Lexington St

15- Filed JUN 13 1917 191... HARRY O. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/11 191 , to 6/13 191 , that I saw her alive on June 13 1917, and that death occurred, on the date stated above, at 5-4 m.

The CAUSE OF DEATH* was as follows:

..... Congenital debility .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. Norton M. D.

....., 191... (Address) 210 East St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Vincent's Cem. DATE OF BURIAL, June 15 191 7

20-UNDERTAKER John J Cowan & Son ADDRESS 901 Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6038

CERTIFICATE OF DEATH.

61 D 6038

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Francis McLaurin

(Residence in Baltimore: No. 1319 Wilson St St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, February 12, 1913
(Month) (Day) (Year)

7-AGE, 4 yrs. 4 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George McLaurin

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Shanahan

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

15- JUN 13 1917 Filed....., 191.... Burial Permit Oleck
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1917, to June 13 1917, that I saw h[illegible] alive on June 13 1917, and that death occurred, on the date stated above, at 7.10 a. m.

The CAUSE OF DEATH* was as follows:

Epidemic meningitis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry B. Conrad M. D.

June 13, 1917. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1319 Wilson St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, June 14, 1917.

20-UNDERTAKER Henry Hosch Son — ADDRESS 1301 E Eager St

D 6039

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 D 6039

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Winchester Place & Poplar Grove St.: 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. B. Purnell.

(Residence in Baltimore: No. Winchester Place & Poplar Grove St.: 72 yrs. 4 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: January 14, 1845 (Month) (Day) (Year)

7-AGE: 72 yrs. 4 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John Hurd

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Susan L Berry

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J H Purnell

(Address) University Apartments

15. Filed JUN 13 1917, 191 HARRY C. ANDREWS Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 12th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January, 1916, to June 12th, 1917, that I saw h[er] alive on June 12th, 1917, and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis. Hypocardial Insufficiency. Hypertension.

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Uremia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) J. A. Blatant M. D.

June 12th, 1917. (Address) 40 W. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery | DATE OF BURIAL: June 15th 1917

20-UNDERTAKER: Stewart & Movers | ADDRESS: 108 W. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6040 HEALTH DEPARTMENT—CITY OF BALTIMORE 1920 D 6040

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willard Moore

(Residence in Baltimore: No. ~~Union Bridge, Md~~ Md U Hospital ..... yrs., ... mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	single

6-DATE OF BIRTH, Unknown ....., 1896
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
31 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Moore

11-BIRTHPLACE OF FATHER (State or Country), ~~Md~~ N C.

12-MAIDEN NAME OF MOTHER Betty Bare

13-BIRTHPLACE OF MOTHER (State or Country), N C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Lombard St

15- HARRY O. ANDREWS

Filed JUN 13 1917 19.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3-1-32 1917, to 6/11 1917, that I saw him alive on 6/11 1917, and that death occurred, on the date stated above, at 11 55 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis

.....

.....

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) H. E. Andrews M. D.

June 12 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 20 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Union Bridge, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Emmitsburg Md	June 14, 1917.
20-UNDERTAKER H Bankard & Son	ADDRESS Westminster Md

Spec.—8-24-14—M. & T.—2000 Bks.

D 6041 HEALTH DEPARTMENT—CITY OF BALTIMORE 104 D 6041

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2729 Bernard ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard W. Warfield Jr.

(Residence in Baltimore: No. 2729 Bernard St. St.; 1 yrs., 5 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. 31, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 5 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, Richard W. Warfield

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Loretta Bruch

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Loretta Warfield

(Address) 2729 Bernard St.

15- Filed JUN 13 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 191 7, to June 12 191 7, that I saw h.. alive on June 12 191 7, and that death occurred, on the date stated above, at 10.40 P m.

The CAUSE OF DEATH* was as follows:

D. Endocarditis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Tetanus 9

(Duration) yrs. mos. ds.

(Signed) L. A. Buchholtz M. D.

June 13, 1917. (Address) 1127 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Marys Hamboldt	June 14, 1917.
20-UNDERTAKER	ADDRESS
Genoworth & Son.	3617 Chestnut ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6042

CERTIFICATE OF DEATH.

REGISTERED No. C 151 D 6042

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Webster ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Herbert & Mary Jones.

(Residence in Baltimore: No. 1514 Webster St. St.; yrs., mos. ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Fem	W.	Single

6-DATE OF BIRTH, June (Month) 12 (Day), 1917 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 8 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work....
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Herbt. F. Jones

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Mary A. Lambert

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lambert

(Address) 1514 Webster

15-

Filed JUN 13 1917 HARRY C. ANDREWS Clerk

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191..., to ....191...,
that I saw h... alive on ....191...,
and that death occurred, on the date stated above, at 5-30 A m.
The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Leonard E. Beach M. D.

6-13-17, 191... (Address) 1 E. 21st St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, June 13..., 1917

20-UNDERTAKER M. A. Flynn ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 66043

CERTIFICATE OF DEATH.

90 D 66043

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 N. Luzerne St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Parker

(Residence in Baltimore: No. 1200 N. Luzerne St.; ....yrs,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb. (Month) ..., 1843 (Year)

7-AGE, 74 yrs. 4 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, dont know

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER dont know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Clark

(Address) 1200 N. Luzerne St.

15- Filed JUN 13 1917 191... ROBERT R. KRAUT Registrar Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to June 12 1917, that I saw her alive on June 12 1917, and that death occurred, on the date stated above, at 12 50 a m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) ...yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 5 yrs. ....mos. ds.

(Signed) Geo. D. McGinnis M. D.

June 13 1917, 191... (Address) 6 E. Mt. Vernon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, June 13, 191 7

20-UNDERTAKER John A Inman & Son

ADDRESS Bank

Spec.—8-24-14—M. & T.—2000 Bks. Elijah Fredericks

D 6044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

REGISTERED No. D 6044

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 849 Linden ave 11 St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elijah Fredericks

(Residence in Baltimore: No. 849 Linden ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... September (Month) 1 (Day) ..... (Year)

7-AGE, 70 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Private

9-BIRTHPLACE, (State or Country): Md. U.S.

PARENTS.

10-NAME OF FATHER, Wilson Fredericks

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Esther Hoskins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elijah Fredericks

(Address) 849 Linden ave

15- Filed JUN 13 1917, 191.. ROBERT R. KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12th (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 11th 1917, to June 12th 1917, that I saw h.. alive on June 12 1917, and that death occurred, on the date stated above, at 6A, m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

12 hrs. (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) 3 yrs. 1 mos. ..... ds.

(Signed) A. Lee Ellis M. D.

6/12, 1917, (Address) 849 Linden ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, 6-15-, 1917

20-UNDERTAKER Isley B. Rye — ADDRESS 102 E. Mulberry St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 74 D 6015

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Kellie

(Residence in Baltimore: No. 2 deaf St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 10, 1883
(Month) (Day) (Year)

7-AGE, 34 yrs. 2 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ontario.

PARENTS.

10-NAME OF FATHER, James McKellie

11-BIRTHPLACE OF FATHER (State or Country), Ontario

12-MAIDEN NAME OF MOTHER Mary J. Webster

13-BIRTHPLACE OF MOTHER (State or Country), Ontario.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Kellie

(Address) Johns Hopkins Hosp.

15- Filed JUN 13 1917, 191.... ROBERT R. FRA... Registrar.

Burial Permit Is...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 23 1917, to June 12 1917, that I saw h.. alive on June 11 1917, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Hypophyseal Adenoma

(Duration) 6 yrs. ....mos.....ds.

CONTRIBUTORY (Secondary) Cerebral Oedema

(Duration) ....yrs.....mos. 12 ds.

(Signed) C. H. Batchelor M. D.

June 12, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 1 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Colborne Ontario

19-PLACE OF BURIAL OR REMOVAL, Grafton Ontario — DATE OF BURIAL, June 14, 1917.

20-UNDERTAKER Albert E. Hulls — ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 6046

CERTIFICATE OF DEATH.

151 D 6046

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2334 Eager St.; Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome Francis

(Residence in Baltimore: No. 2334 Eagers Place Place St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, June (Month) 13 (Day) 1917. (Year)

7-AGE, ...yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or 20 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, Jerome Francis

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Anna Vesela

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jerome Francis

(Address) 2334 Eagers Place

15- Filed JUN 13 1917, 191.... ROBERT R. KRAUSE Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13 191 7, to June 13 191 7 that I saw h[illegible] alive on June 13 191 7 and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Prematur Birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W D [illegible] M. D.

June 13, 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, June 14, 1917.

20-UNDERTAKER Frank Cracken — ADDRESS 906 Carlton

Spec.—8-24-14—M. & T.—2000 Bks.

D 6047 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 D 6047

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1112 Shields Alley St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Wallace

(Residence in Baltimore: No. 1112 Shields Alley St.; ? yrs. ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Feb 17 (Month) (Day), 1895 (Year)

7-AGE: 22 yrs. 3 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Laundrying

9-BIRTHPLACE, (State or Country): Calvert Co Md

PARENTS.

10-NAME OF FATHER: Henry Wallace

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Eliza Cook

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Wallace (mother)

(Address) 1112 Shields alley

15- Filed JUN 14 1917 191... HARRY [illegible] Clerk.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 12 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 25 1917, to June 12 1917, that I saw h[illegible] alive on July 12 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) H C Stewart M. D.

June 13 1917 (Address) 1003 Argyle Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Governors Run Calvert Co — DATE OF BURIAL, June 14, 1917.

20-UNDERTAKER Nic. Brown & Son — ADDRESS 1108 N. Monty St

Str arundle Patuchsno River. Governors Run Calvert Co. Md

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6048

CERTIFICATE OF DEATH.

40 D 6048

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Oxford ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Frances Borne

(Residence in Baltimore: No. 506 Oxford St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, (Month) (Day) (Year) Unknown, 1848

7-AGE, 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Frank Ferguson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Eskew

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaiah Borne

(Address) 506 Oxford St

15- Filed JUN 14 1917, 191 HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) June (Day) 12, (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from March 26, 1917, to June 12 1917, that I saw h[er] alive on June 12 1917, and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Duration (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw. L Whitelaw M. D.

June 13, 1917 (Address) 1220 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W. Laurel Cem

DATE OF BURIAL, June 21 1917

20-UNDERTAKER Samuel Hendley

ADDRESS 578 W. Balto

D 6049

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6049

CERTIFICATE OF DEATH.

89

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 310 N. Forest ST.: 7 WARD)

2-FULL NAME Willie S. Hill

(Residence in Baltimore: No. 638 N. Bethel St.; yrs., mos. 11 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, June (Month) 2 (Day), 1917 (Year).

7-AGE. ....yrs. ....mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... no
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, ~~Annie Hill~~ Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Annie Hill

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Goldie Thompson

(Address) 310 Forest St. City

15- HARRY [illegible]

Filed JUN 14 1917 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Duration

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY.? .....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) W. J. Riley (Coroner.) M. D.

June 14 1917. (Address) 1627 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetary	June 14, 1917
20-UNDERTAKER	ADDRESS
Mrs R A Elliott	506 East 4

D 6050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 6050

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1034 McDonough St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella B Strand

(Residence in Baltimore: No. 1034 McDonough St., ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: May 10, 1872 (Month) (Day) (Year)

7-AGE: 45 yrs. 1 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (037)
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Del

PARENTS.

10-NAME OF FATHER: John Esther

11-BIRTHPLACE OF FATHER (State or Country): Del

12-MAIDEN NAME OF MOTHER: Mary Hickman

13-BIRTHPLACE OF MOTHER (State or Country): Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mattie E Strand

(Address) 1034 McDonough

15-

Filed JUN 14 1917 191... HARRY C. ANDREWS Registrar of Vital Statistics

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. Fred Saulsbury M. D. (Coroner)

June 13, 191.. (Address) 11 E. 2nd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Wilmington Delaware — DATE OF BURIAL, June 15 1917

20-UNDERTAKER Henry Lutz — ADDRESS 1007 N. Bond St

Spec.—8-24-14—M. & T.—2000 Blks.

D 6051 HEALTH DEPARTMENT—CITY OF BALTIMORE 15 D 6051

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 E Madison St.; 10 WARD)

2-FULL NAME Stillborn Infant of Harry & Katie Seidel

(Residence in Baltimore: No. 1414 E. Madison st St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, June (Month) 14 (Day), 1917 (Year)

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, 7 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Harry Seidle

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Katie Koransky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Baltimore

15- JUN 14 1917 Filed....., 191... HARRY C. ANDREWS Registrar

Burial Permit Refused

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/14 1917, to 6/14 1917, that I saw him alive on 6/14 1917, and that death occurred, on the date stated above, at 9 47 m.

The CAUSE OF DEATH* was as follows:

Premature labor

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) A. L. Hornstein M. D.

6/14, 1917. (Address) 733 Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Northern Cem'y

DATE OF BURIAL, 6/14 191.7

20-UNDERTAKER Dek Lewis

ADDRESS 1411 E Balt

Spec.—8-24-14—M. & T.—2000 Blks.

D 6052

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 D 6052

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G. Buchman

(Residence in Baltimore: No. 1938 Orleans St. St.; 47 yrs., 6 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Marrid.

6-DATE OF BIRTH, Nov. 28, 1869 (Month) (Day) (Year)

7-AGE, 47 yrs. 6 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Pharmacist
(b) General nature of industry, business, or establishment in which employed (or employer) 025

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Francis J. Buschman

11-BIRTHPLACE OF FATHER (State or Country), Ger.

12-MAIDEN NAME OF MOTHER Martha E. —

13-BIRTHPLACE OF MOTHER (State or Country), Ger

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Buschman

(Address) 1938 Orleans

15- JUN 14 1917 191..... HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8 1917, to June 12 1917, that I saw h[illegible] alive on June 12 1917, and that death occurred, on the date stated above, at 2.30A. m.

The CAUSE OF DEATH* was as follows:

Acute Cholelithiasis and Chronic Appendicitis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Post-Operative hypostatic Lung Abscess

(Duration) yrs. mos. 1 ds.

(Signed) M B Levy M. D.

6/17, 191.7. (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1938 Orleans St.

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, June 14 191.7

20-UNDERTAKER Philip Herring

ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6053

CERTIFICATE OF DEATH.

45 D 6053

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1745 N. Gay ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME August Pierson

(Residence in Baltimore: No. 1745 N. Gay St.; 48 yrs., ... mos. ..... ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 23, 1864 (Month) (Day) (Year)

7-AGE, 62 yrs. 9 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House 015
(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Pierson

11-BIRTHPLACE OF FATHER (State or Country), Germn

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna Pierson

(Address) 1745 N. Gay St

15- JUN 14 1917

Filed ....., 191.... HARRY ..... Registrar.

Burial Permit Oist'd

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13 1917, to June 11 1917, that I saw h.. alive on June 11 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Stomach Cancer Years 2 mos.

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Syncope 4 hrs. before death

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. H. C. Elmer M. D.

June 11, 191.. (Address) 1419 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Loudon Park — DATE OF BURIAL, June 14 191.7

20-UNDERTAKER Philip Herwig — ADDRESS 1016 Orleans

Spec.—8-24-14—M. & T.—2000 Blks.

D 6054

HEALTH DEPARTMENT—CITY OF BALTIMORE

1920 D 6054

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Russell Terrace (Hilleck st) ST.; 16 WARD) REGISTERED NO. C

(If death occurred in a Hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Chesley.

(Residence in Baltimore: No. 1010 Russell Terrace {Hilleck st St.; Life yrs., ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. ~~Male~~ ~~Colored~~

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May ✓ (Month), (Day), 1862 (Year)

7-AGE, 55 yrs. 1 ✓ mos. ✓ ds.

If LESS than 1 day, ✓ hrs. or ✓ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal Shelper
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
as given by Adelaide Chesley.
(Informant)
(Address) 1010 Russell Terrace

15- JUN 14 1917 191 Registrar. HARRY C. ATTEWS Deputy Local Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1917, to June 12 1917, that I saw him alive on June 5 1917, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ✓ yrs. 6 mos. ✓ ds.

CONTRIBUTORY (Secondary) Pericarditis

(Duration) ✓ yrs. 3 mos. ✓ ds.

(Signed) Geo C Shannon M. D.

June 13, 1917 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL JUN 14 1917

20-UNDERTAKER JAMES H. DENNIS ADDRESS 1303 PRESTMAN ST.

Spec.—5-19-13—M. & T.—500 Bks.

D 6055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 D 6055

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Kirk Ave Cancer Hospital ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Houck.

(Residence in Baltimore: No. 2514 Mc Henry St. (If Less than 1 yr., ... yrs., ... mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October 27, 1861 (Month) (Day) (Year)

7-AGE, 55 yrs. 7 mos. 17 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... 029
(b) General nature of industry, business, or establishment in which employed (or employer) Electrician

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Casper Houck

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina Hail

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Judell Kastein

(Address) 41 E. Randall St.

15- Filed JUN 14 1917, 191... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8th 1917, to June 12 1917, that I saw h[im] alive on June 12th 1917, and that death occurred, on the date stated above, at 11.45 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma Pharynx

(Duration) ... yrs. 18 mos. ... ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ... yrs. ... mos. ... ds.

(Signed) Geo. G. Cross M. D.

..., 191... (Address) 10 W. 20th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State Life ... mos. ... ds.

Where was disease contracted, if not at place of death? Baltimore

Former or usual residence 2514 Mc Henry St.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, June 13 191 7

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

D 6056

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 6056

CERTIFICATE OF DEATH

79

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1317 Myrtle Ave ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elias Bole Forrest

(Residence in Baltimore: No. 1317 Myrtle Ave St.; 52 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: December (Month) 25 (Day) 1838 (Year)

7-AGE: 78 yrs. 5 mos. 17 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): retired.

9-BIRTHPLACE (State or country): Mathews Co., Va

PARENTS:

10-NAME OF FATHER: William Henry Forrest

11-BIRTHPLACE OF FATHER (State or country): Mathews Co., Va

12-MAIDEN NAME OF MOTHER: Sarah Pugh

13-BIRTHPLACE OF MOTHER (State or country): Mathews Co., Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jamie J. Forrest

(Address) 1317 Myrtle Ave

15 Filed JUN 14 1917, 191.... HARRY O. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 12 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January, 1917, to June 12 1917, that I saw him alive on June 11 1917, and that death occurred, on the date stated above, at 12:15A m.

The CAUSE OF DEATH* was as follows:

Organic Disease Heart

(Duration) 2 yrs 5 mos 15 ds.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed), Fritz J Kinzey M. D.

June 12, 1917. [Address] 2700 Harford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: June 14, 1917

20-UNDERTAKER: Wm. Cook

ADDRESS: 503 E. North Ave.

D 6057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 D 6057

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1218 Clinton ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stella Foster,

(Residence in Baltimore: No. 1218 Clinton St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Nov. (Month) 15 (Day), 1838 (Year)

7-AGE, 78 yrs. 6 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... Work

9-BIRTHPLACE, (State or Country), Va,

PARENTS.

10-NAME OF FATHER John Foster

11-BIRTHPLACE OF FATHER (State or Country), Va,

12-MAIDEN NAME OF MOTHER Louise Gatta

13-BIRTHPLACE OF MOTHER (State or Country). Va,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Foster

(Address) 1218 Clinton St.

15-JUN 14 1917 ROBERT R. KRAUS

Filed....., 191.... Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. (Month) 13 (Day), 191 7 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congestion

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. K. Darling M. D.
(Coroner.)

1917 (Address) 1 E. Lex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Herbert Va. DATE OF BURIAL, Jan 17, 1917

20-UNDERTAKER Chas G Darby ADDRESS 1707 Jefferson st

Spec.—8-24-14—M. & T.—2000 Blks.

D 6058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 6058

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 245 London ST. Ward 20)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J Hopper

(Residence in Baltimore: No. 245 London St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1838 (Year)

7-AGE, 78 yrs. 7 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): ooo

9-BIRTHPLACE, (State or Country): U. S. A.

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Hopper

(Address) Clarmont Va.

15- JUN 14 1917 191.. ROBERT R. KRAUTER

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13. (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to June 13 1917, that I saw her alive on June 12 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Old Age

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Howard W Jones M. D.

June 13., 191.7. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: June 15th 191.7.

20-UNDERTAKER: Charles H. Dill. ADDRESS 3109 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6059

CERTIFICATE OF DEATH.

28

REGISTERED No. C D 6059

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 E. Pentalow St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert F. Meyers

(Residence in Baltimore: No. 233 E. Pentalow St.: 46 yrs., 8 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October 1, 1870 (Month) (Day) (Year)

7-AGE, 46 yrs. 8 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): 009

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma F. Meyers

(Address) 2333 E. Pentalow St

JUN 14 1917 ROBERT R. KRAUTH

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12 1917, to June 13 1917, that I saw h[illegible] alive on June 13 1917, and that death occurred, on the date stated above, at 1 50 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. ds.

(Signed) Robert F. Miller M. D.

June 14, 191.7 (Address) 1249 Hillen Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, JUNE 15 1917

20-UNDERTAKER J. B. Hippert

ADDRESS 1738 Fulton Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6060

CERTIFICATE OF DEATH.

151 D 6060

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE (No. 2308 Foster Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ferdinand J Wolfe

(Residence in Baltimore: No. 2308 Foster Ave St.; — yrs., 11 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 16 (Day), 1916 (Year)

7-AGE, ...yrs. 11 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Frank Wolfe

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Katherine Jordop

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Wolf

(Address) 2308 E. Foster Ave

Filed JUN 14 1917 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 28 1917, to June 11 1917, that I saw h— alive on June 11 1917, and that death occurred, on the date stated above, at 11:50 a.m.

The CAUSE OF DEATH* was as follows:

Hematemesis

..... (Duration)....yrs.....mos. 15 ds.

CONTRIBUTORY..... Cirrhosis
(Secondary)

..... (Duration)....yrs.....mos. 15 ds.

(Signed) J Thenlon M. D.

June 13, 1917. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem

DATE OF BURIAL, June 14, 1917.

20-UNDERTAKER Stephen J Szalkowski

ADDRESS 1119 S Kenwood Ave

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 6061

CERTIFICATE OF DEATH

79 ✓ D 6061

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 S Milton Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Morrissey

(Residence in Baltimore: No. 820 S Milton Ave St.; 40 yrs. ~ mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH Feb (Month) 2 (Day), 1846 (Year)

7-AGE 71 yrs. 4 mos. 11 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): 057

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Michel Morissey

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Fogerty

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Michal Morissey

(Address) 820 S Milton Ave

15 JUN 14 1917 Filed ..... 191.....

ROBERT R. KRAU... REGISTRAR

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June (Month) 13 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1917, to, June 13 1917, that I saw h.. alive on June 13 1917, and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis
+ Myocarditis

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Chronic ulcer of leg (Duration) 5 yrs. ..... mos. ..... ds.

(Signed), M. J McAvay M. D.

June 14 1917 (Address) 839 S Ellwood Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cem

DATE OF BURIAL: June 16 1917

20-UNDERTAKER: Stephen F Kaltenbach

ADDRESS: 1019 S Kenwood Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6062

CERTIFICATE OF DEATH.

51 D 6062

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Robinson

(Residence in Baltimore: No. 674 Pabora St St.; ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 20, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 23 mos. ....da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country). Maryland

10-NAME OF FATHER. Wm. Robinson

11-BIRTHPLACE OF FATHER (State or Country). ?

12-MAIDEN NAME OF MOTHER Pearl Davis

13-BIRTHPLACE OF MOTHER (State or Country). ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

JUN 14 1917 ROBERT R. KRAETER

Filed....., 191.... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24 1917, to June 11 1917, that I saw him alive on June 11 1917, and that death occurred, on the date stated above, at 4 30 p. m.

The CAUSE OF DEATH* was as follows:

prematurity

(Duration) ....yrs. ....mos. 20 da.

CONTRIBUTORY (Secondary) none

(Duration) ....yrs. ....mos. ....da.

(Signed) Henry B. Condrell M. D.

June 11, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 19 da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence 674 Pabora St

19-PLACE OF BURIAL OR REMOVAL: HOPKINS HOSPITAL

DATE OF BURIAL, ..., 191...

20-UNDERTAKER Health.

ADDRESS

D 6063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 6063

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Foot of Bush St ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome Joseph Sullivan.

(Residence in Baltimore: No. 2026 Mt.Royal Ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single.

6-DATE OF BIRTH: November 10th. 1901., (Month) (Day) / (Year)

7-AGE: 15 yrs. 7 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Glass stopper grinder.
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Jerome William Sullivan.

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary Dunn.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Sullivan. (mother.)

(Address) 2026 Mt. Royal Ave.

15- JUN 14 1917 ROBERT R. KRAUSE

Filed....., 191.. Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12th. 1917., (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

June 13, 1917. (Address) 1017 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Catholic Cemetery. DATE OF BURIAL, June 15, 1917

20-UNDERTAKER Henry W. Maus & Son ADDRESS 605 N. Gilmor St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 ✓ D 6064

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1906 E Fayette ST.; 6 WARD)

2-FULL NAME John C Hawkins

(Residence in Baltimore: No. 1906 E Fayette St.; 2 yrs., 7 mos. 2 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. 17 (Month) (Day) 1914 (Year)

7-AGE, 2 yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Clifton L Hawkins

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Angela J Horan

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C L Hawkins

(Address) 1906 E Fayette

JUN 15 1917

Filed....., 191.....

HARRY C. [illegible]
Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12 (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1 191 7, to June 13 191 7, that I saw him alive on June 12 191 7, and that death occurred, on the date stated above, at 5.15 p. m.

The CAUSE OF DEATH* was as follows:

Tetanus Neonatorum

(Duration) 0 yrs. 0 mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H H Cronkhite M. D.

June 14, 191 7 (Address) 1305 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, June 15, 191 7.

20-UNDERTAKER J & J. Kerr

ADDRESS 156 N. Luzerne

Spec.—8-24-14—M. & T.—2000 lbs.

D 6065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 ✓ D 6065

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Orleans ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse W Robinson

(Residence in Baltimore: No. 1719 Orleans St.; ....yrs.. ....mos. ....ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colrd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1868
(Month) (Day) (Year)

7-AGE, 49 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Washington

11-BIRTHPLACE OF FATHER (State or Country), Dorchester Co Md

12-MAIDEN NAME OF MOTHER Julia Robison

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Florence Robison

(Address) 1719 Orleans st

Filed JUN 15 1917 191.... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1917, to June 11 1917, that I saw h.. alive on June 11 1917, and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stom

Chronic Nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Contracture

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. O White M. D.

....., 191... (Address) 110 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetary

DATE OF BURIAL, June 15, 1917.

20-UNDERTAKER Wm. Robert Allison

ADDRESS 506 Park

Spec.—8-24-14—M. & T.—2000 Blks.

D 6066 HEALTH DEPARTMENT—CITY OF BALTIMORE D 6066

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Dined Hubbard

CITY OF BALTIMORE: (No. 1303 W.N. ave ST.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Hopkins

(Residence in Baltimore: No. 1303 Druid Hill ave St., yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, 1846 (Month) (Day) 1 (Year)

7-AGE, 71 yrs. mos. da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Russell Hopkins

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lorain Hubbard

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie Watts

(Address) 1303 D.N. ave.

Filed JUN 15 1917 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13th (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10th 191 7. to June 13th 191 7, that I saw h alive on June 6th 191 7, and that death occurred, on the date stated above, at 730 m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion Albumin

(Duration) 5 yrs. 7 mos. ds.

(Signed) H. Lee Elliott M. D.

6/13, 1917 (Address) 1211 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mont alto

DATE OF BURIAL, June 15, 1917

20-UNDERTAKER John F Owens

ADDRESS 538 Dolphin

D 6067

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6067

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1516 Eyeduna ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul B Elsey,

Residence in Baltimore: No. 1516 Eyeduna St.; yrs., 7 mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem'l

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) School Girl

6-DATE OF BIRTH. Jan 23, 1908
(Month) (Day) (Year)

7-AGE. 9 yrs. 5 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Girl
(b) General nature of industry, business, or establishment in which employed (or employer). 000

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William Elsey

11-BIRTHPLACE OF FATHER (State or Country). md,

12-MAIDEN NAME OF MOTHER Ada Giles

13-BIRTHPLACE OF MOTHER (State or Country). md,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wills Elsey

(Address) 1516 Eyeduna

15- JUN 15 1917 Filed....., 191. HARRY C. ANDREWS Burial Permit Clerk... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) J. R. Smith M. D.
(Coroner)

Jun 15, 191... (Address) 1516 Eyeduna St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL. Laurel Cemetery

DATE OF BURIAL, June 17, 19 17

20-UNDERTAKER R B Gross

ADDRESS 1405 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

6068

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6068

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ira Glover

(Residence in Baltimore: No. 2516 Salem St St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January (Month) ..., 1915 (Year)

7-AGE, 2 yrs. 5 mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Samuel Glover

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Anna Gackett

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital.

JUN 15 1917 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13 1917, to June 14 1917, that I saw h[im] alive on June 14 1917, and that death occurred, on the date stated above, at 5 05 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) ... yrs. ... mos. 11 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Henry B. Cannard M. D.

June 15, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 2516 Salem St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, June 17, 1917

20-UNDERTAKER W. D. McCaulley — ADDRESS 1624 N. Eutaw ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

102 D 6069

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2324 N. Stockton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George M. Mitchell

(Residence in Baltimore: No. 2324 N. Stockton St.; 50 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1867 (Year)

7-AGE, 60 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... Gen'l Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)..... Mutt Working & Carpet Cleaning

9-BIRTHPLACE, (State or Country), Montgomery Co. Md

10-NAME OF FATHER, Thomas Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Montgomery Co Md

12-MAIDEN NAME OF MOTHER Cassie Pumphrey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Mitchell

(Address) 2324 N. Stockton St

JUN 15 1917, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 12th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16th 1917, to June 12th 1917, that I saw h... alive on June 10th 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia Acute

..... Contributory (Duration) 0 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

..... (Duration) — yrs. 6 mos. — ds.

(Signed) Edward G. MacGuigan M. D.

June 14 1917. (Address) 1339 W. Northern Pkwy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, June 15 1917

20-UNDERTAKER Daniel Easton — ADDRESS 916 Penna ave

D 6070 HEALTH DEPARTMENT—CITY OF BALTIMORE D 6070

CERTIFICATE OF DEATH. 169

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Found Pier 4 Pratt ST.: 4 WARD)
2-FULL NAME John Fisher
3-(Residence in Baltimore: No. 160 N. Gay ?

REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	unknown

6-DATE OF BIRTH, unknown, 1 (Month) (Day) (Year)

7-AGE, unknown about 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work unknown
(b) General nature of industry, business, or establishment in which employed (or employer) 600

9-BIRTHPLACE, (State or Country), unknown

PARENTS.
10-NAME OF FATHER, unknown
11-BIRTHPLACE OF FATHER (State or Country), unknown
12-MAIDEN NAME OF MOTHER unknown
13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Police Dept.
(Address).....

15- JUN 15 1917 191.... HARRY C. ANDERSON Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found dead June 7, 1917.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said decedent came to..death on the day stated above.
The CAUSE OF DEATH* was as follows:
Drowned (Accidental)
(Duration).....yrs.....mos.....ds.
CONTRIBUTORY (Secondary)
(Duration).....yrs.....mos.....ds.
(Signed) W. J. Riley (Coroner) M. D.
June 13 1917 (Address) 1659 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY	JUN 14 1917, 19....
20-UNDERTAKER	ADDRESS

Commissioner Health.

D 6071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

183 D 6071

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. On way to Mercy Hospital St.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Mary Jones

(Residence in Baltimore: No. 1700 block Lapp St

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH,

....., 1.....
(Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Worker
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Hod

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Dept

(Address) .....

15- HARRY C. ANDREWS

Filed JUN 15 1917 191..... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and Autopsy
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest and Autopsy
(Inquest, autopsy or inquiry)
find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide Shot Caused by Gunshot wound in Head
(Duration) ..... yrs. ..... mos. 9m minutes ds.

CONTRIBUTORY .....
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Daily M. D.
(Coroner.)

June 13, 1917. (Address) 1637 Bunsey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place ..... In the
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

PUBLIC CEMETERY

JUN 14 1917

Commissioner of Health.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 41 D 6072

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Eagle

(Residence in Baltimore: No. Wakeville, Md, St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Negro.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Single

6-DATE OF BIRTH, ..., 1867
(Month) (Day) (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Harrison Eagle

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER A Griffin

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

Filed JUN 15 1917, 191..... HARRY C. ANDREWS Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1917, to June 11 1917, that I saw him alive on June 11 1917, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

..... (Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Perforated Colcyn (Cancer excluded)

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) John Blair M. D.

6/11, 191.7 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Wakeville, Md

19-PLACE OF BURIAL OR REMOVAL, ...

DATE OF BURIAL, ..., 191...

20-UNDERTAKER .....

ADDRESS .....

UNIVERSITY OF MARYLAND JUN 14 1917 Commissioner of Health.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6073

CERTIFICATE OF DEATH.

108 D 6073

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Scott L. Howard

(Residence in Baltimore: No. 1632 Druid Hill Ave. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1897 (Year)

7-AGE, 25 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel. 08

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wallace Smith

(Address) 437 Druid Hill Ave

JUN 15 1917 191.... Burial Permit Oler

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6, 1917, to June 12 1917, that I saw h[illegible] alive on June 12 1917, and that death occurred, on the date stated above, at 10:30 a. m.

The CAUSE OF DEATH* was as follows:

General peritonitis

(Ruptured appendix)

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Septicemia

(Duration) ....yrs. ....mos. 6 ds.

(Signed) G. A. Dawdy M. D.

June 12, 1917 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State 25 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1632 Druid Hill Ave

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, June 14, 1917

20-UNDERTAKER, Samuel Stanley ADDRESS 578 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 6074 HEALTH DEPARTMENT—CITY OF BALTIMORE D 6074

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1441 Ward St.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Parker

(Residence in Baltimore: No. 1441 Ward St.; 40 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Cold

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Mar

6-DATE OF BIRTH, ..., 1857.
(Month) (Day) (Year)

7-AGE, 59 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stonemason
(b) General nature of industry, business, or establishment in which employed (or employer): 074

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, William Parker

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Gray

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Parker

(Address) 1441 Ward

Filed JUN 15 1917, 191... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1917, to June 13 1917, that I saw h... alive on June 13 1917, and that death occurred, on the date stated above, at 3 30 m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

..... (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm Oedema

..... (Duration) yrs. mos. 1 ds.

(Signed) D Norwood M. D.

June 15, 1917, (Address) 390 Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, June 15 1917.

20-UNDERTAKER John J. Connor Sons — ADDRESS 904 Hollins

Spec.—8-24-14—M. & T.—2000 Bks.

D 6075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 6075

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 918 Eutaw Av ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Zeus.
(Residence in Baltimore: No. 918 Eutaw Av St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, May 29, (Month) (Day) 1889 (Year)

7-AGE, 28 yrs. mos. 16 ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 03

9-BIRTHPLACE, (State or Country): Md

10-NAME OF FATHER, Conrad Hinel
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER Margaret Schmidt
13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Louis N. Zeus
(Address) 918 Eutaw Av

JUN 15 1917
Filed ....., 191.... HARRY C. ANDREWS Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 17th 1914, to June 14 1917, that I saw h— alive on June 13 1917, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) 2 yrs. 6 mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) H. Bartlett M. D.
June 15, 1917 (Address) 728 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, June 16 1917

20-UNDERTAKER Lowe Cook — ADDRESS 502 E North

Spec.—8-24-14—M. & T.—2000 Bks.

D 6076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 6076

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Wilkens Ave St.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Zell

(Residence in Baltimore: No. 1902 Wilkens Ave St.; 41 yrs., 7 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October (Month) 18 (Day) 1875 (Year)

7-AGE, 41 yrs. 7 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home 03

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, Peter Nolan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Sheridan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christian Zell

(Address) 1902 Wilkens Ave

Filed JUN 15 1917 191... HARRY C. ANDREWS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apl 1916, to June 13 1917, that I saw h— alive on June 13 1917, and that death occurred, on the date stated above, at 10:55 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. 2 mos. ds.

(Signed) E V Cuvelaer M. D.

6/14/17 191... (Address) 24 E Fallis

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem

DATE OF BURIAL, June 16, 191.7

20-UNDERTAKER Joseph B. Cook

ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—5000 Blks.

D 6077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 6077

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2036 E. Federal St. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Ritter.

(Residence in Baltimore: No. 2036 E Federal St.; 35 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, February (Month) 15 (Day), 1856 (Year)

7-AGE, 61 yrs. 4 mos. 29 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-wife at
(b) General nature of industry, business, or establishment in which employed (or employer): Home 03

9-BIRTHPLACE, (State or Country). Germany.

10-NAME OF FATHER, Jacob Simon.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Marie Wiederman.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry W. Ritter.

(Address) 2036 E. Federal St.

Filed JUN 15 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to June 13 1917, that I saw her alive on June 12 1917, and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(Duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 2 mos. 0 ds.

(Signed) Julius Freeman M. D.

June 13, 191.. (Address) 10 E. 3 St. Chollis St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, June 16, 191.7

20-UNDERTAKER Joseph B. Cook — ADDRESS 1003 W. Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

D 6078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 6078

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 University Hospital 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Weaver

(Residence in Baltimore: No. 1203 Brisco St St.; 28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, ? (Month) ? (Day) 1889 (Year)

7-AGE, 28 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machine Hand.
(b) General nature of industry, business, or establishment in which employed (or employer): 031

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, Geo. Weaver

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Seymore

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine F. Weaver

(Address) 1203 Brasicle St.

Filed ..... 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

JUN 15 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6/14/17 (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/20/17 191..., to 6/14/17 191..., that I saw h[e] alive on 6/14/17 191..., and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobular Double

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach (Chronic)

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Frank C. Maynard M. D.

6/14/17, 191... (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 7 ds. In the State ... yrs. ... mos. 24 ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 1203 Brisc St

19-PLACE OF BURIAL OR REMOVAL, London Park. DATE OF BURIAL, June 16, 191.7

20-UNDERTAKER Wm Cook ADDRESS 5826 north

Spec.—6-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6079

CERTIFICATE OF DEATH.

39 D 6079

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Guilford Ave ST., 12 WARD)

REGISTERED No. C.....

2-FULL NAME William Laubheimer

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2809 Guilford ave. St.; 72 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 5, (Month) (Day) 1847 (Year)

7-AGE, 69 yrs. 11 mos. 9 ds.

If LESS than 1 day ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Carpenter 015

9-BIRTHPLACE, (State or Country), Germany.

10-NAME OF FATHER, Michael Laubheimer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Regina Laubheimer

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Laubheimer.

(Address 2809 Guilford ave.

Filed ..... JUN 15 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 3d 1917 to June 14 1917, that I saw him alive on June 13 1917, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue and jaws — (Clinical)

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Reisman M. D.

June 14, 1917. (Address) 3347 Reisterstown Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, June 16, 1917.

20-UNDERTAKER Wm Cook ADDRESS 502 E Nath

Spec.—3-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6080 ✓ D 6080

CERTIFICATE OF DEATH.

15-78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary ST.; ..... WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Rogers

(Residence in Baltimore: No. 2402, Pennsylvania ave, St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, March 5th, 1906
(Month) (Day) (Year)

7-AGE, 11 yrs. 3 mos. 9 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, John Rogers

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Clara Martin

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) O C Kelly Mgt

(Address) Union Prot. Infirmary

JUN 15 1917

Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12th 1917, to June 14 1917, that I saw her alive on June 13th 1917, and that death occurred, on the date stated above, at 10 15 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis,
Myo Cardial insufficiency
.....
..... (Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilitation

..... (Duration) ..... yrs. ..... mos. ? ds.

(Signed) Hugh H. Young M. D.

June 14, 1917. (Address) Union Protestant Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 11 yrs. 3 mos. 9 ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 2402 Pennsylvania Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	June 17, 191..
20-UNDERTAKER Wm. Cook	ADDRESS 502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 6081

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 6081

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2157 Hollins ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph M. Jeffers

(Residence in Baltimore: No. 2157 Hollins St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, March (Month) 30 (Day) 1844 (Year)

7-AGE, 73 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, Timothy Jeffers

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md

12-MAIDEN NAME OF MOTHER Eliza Embley

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Jeffers

(Address) 2157 Hollins St

JUN 15 1917

Filed ....., 191.... HARRY W. ARNOLD Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1917, to June 13 1917, that I saw h/m alive on June 13 1917, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 12 hrs

CONTRIBUTORY. Arteriosclerosis
(Secondary)

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) M A O'Meara M. D.

June 15, 1917. (Address) 108 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, June 16 1917

20-UNDERTAKER, Geo. A. Gerber — ADDRESS Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

Wilson O. McAbee

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6032

CERTIFICATE OF DEATH.

40 D 6032

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Men Home St.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilson O McAbee

(Residence in Baltimore: No. 1400 N Lexington St.; 84 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, W H

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

3-DATE OF BIRTH, March 29, (Month) (Day) 1842 (Year)

6-AGE, 74 yrs. 2 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

7-OCCUPATION:
(a) Trade, profession, or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer) 179

8-BIRTHPLACE, (State or Country) Elkridge City Md

10-NAME OF FATHER, Wilson McAbee

11-BIRTHPLACE OF FATHER (State or Country) Howard Co Md

12-MAIDEN NAME OF MOTHER Mary Scott

13-BIRTHPLACE OF MOTHER (State or Country) Howard Co Md

9-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H McGeehan

(Address) Mother

Filed JUN 16 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 10 1916, to June 15 1917, that I saw h... alive on June 15 1917, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(Duration) yrs. 18 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, June 16 1917.

20-UNDERTAKER George J Smith

ADDRESS 1000 Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6083

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

108 D 6083

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr William Radford

(Residence in Baltimore: No. 1129 Valley St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 29 (Month) (Day), 1900 (Year)

7-AGE, 16 yrs. 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Wm J. Radford

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Anna O'Connor

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Radford

(Address) 1129 Valley St.

JUN 16 1917 ROBERT B. KRAUTER

Filed....., 191.... Registrar.

Burial Permit filed

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1917, to June 13 1917, that I saw h.. alive on June 13 1917, and that death occurred, on the date stated above, at 6.10 P.m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis (Ruptured with General peritonitis)

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Post Operative Intestinal Obstruction

(Duration) ....yrs. ....mos. ....ds.

(Signed) Horace Traud M. D.

6/14/17 191... (Address) 25 S. Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 8 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1129 Valley St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, June 16 1917

20-UNDERTAKER H. C. Wiedefeld

ADDRESS 714 Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 6081

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1154 Hanlicke St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles B. Richmond

(Residence in Baltimore: No. 1154 Hanlicke St.; 47 yrs., 1 mos. 11 ds.)

A

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, May (Month) 3rd (Day), 1870 (Year)

7-AGE, 47 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pipe fitter
(b) General nature of industry, business, or establishment in which employed (or employer): Gas Co

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Chas Richmond

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Sarah Waidemeyer

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nora L. Richmond

(Address) 1154 Hanlicke St.

Filed JUN 16 1917, 191.. ROBERT R. KRAUTH Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to June 14 1917, that I saw h... alive on June 13 1917, and that death occurred, on the date stated above, at 6 10/4 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Blood pressure 250

(Duration) yrs. mos. ds.

(Signed) Stephen A. Dean M. D.

June 14 1917 (Address) 1227 Columbus Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery | DATE OF BURIAL, June 16, 1917

20-UNDERTAKER Mr. & Mrs. John W. Tengle | ADDRESS 601 W. Fayette

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6085 D 6085

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 S Dallas ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathaniel Joyner

(Residence in Baltimore: No. 326 S. Dallas St St.; 1 yrs., — mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, April 18th, 1916 (Month) (Day) (Year)

7-AGE, 1 yrs. — mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

10-NAME OF FATHER, Frank Joyner

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Francis Hopkins

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Joyner

(Address) 326 S. Dallas St

JUN 16 1917 filed....., 191.....

HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13 1917, to June 14 1917, that I saw h[illegible] alive on June 14 1917, and that death occurred, on the date stated above, at 12 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia and Meningitis

(Duration)..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Measles

(Duration)..... yrs. ..... mos. 7 ds.

(Signed) Richard L Caplinger M. D.

June 15 1917. (Address) 1514 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Auburn Cem

DATE OF BURIAL, June 16 1917

20-UNDERTAKER Harry A. Vodery

ADDRESS 1728 Orleans St

Spec.—5-19-15—M. & T.—500 Blks.

D 6086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

61 D 6086

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 11 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elma Jackson

(Residence in Baltimore: No. 1448 Morton St.; 7 yrs., 5 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) single

6-DATE OF BIRTH, Dec 31, 1909 (Month) (Day) (Year)

7-AGE, 7 yrs. 5 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... school boy
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), 1448 Morton St

10-NAME OF FATHER, Wm. Jackson

11-BIRTHPLACE OF FATHER (State or Country), Alabama.

12-MAIDEN NAME OF MOTHER Florence Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Prince Georges Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Jackson

(Address) 1448 Morton St

Filed JUN 16 1917 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1917, to June 15th 1917, that I saw h- alive on June 14th 1917, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

Perforation

(Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. Hamilton M. D.

June 15th 1917. (Address) 354 N. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1448 Morton St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, June 16, 1917.

20-UNDERTAKER Geo H Hooper ADDRESS 60 Little Pac St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6087.

CERTIFICATE OF DEATH.

64 D 6087.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade apt ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Kahn

(Residence in Baltimore: No. Eutaw Place, Park St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Feb (Month) 15th (Day) 1833 (Year)

7-AGE, 84 yrs. 4 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, Matthew Steiner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Neuhausen

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D N Kahn

(Address) Esplanade apts

Filed JUN 16 1917, 191.... HARRY C. ANDREWS Clerk Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 7 191.., to June 15 191.., that I saw h.. alive on June 15 191.., and that death occurred, on the date stated above, at 3.45 p m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Hemiplegia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Dr A F Lucas M. D.

June 15 1917. (Address) 1727 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Chet Sholom

DATE OF BURIAL, June 17, 1917

20-UNDERTAKER David Sondheim

ADDRESS 118 N Howard St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 6088

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 737 W Pratt ST.; 22 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August C. Becker

(Residence in Baltimore: No. 737 W Pratt St.

Life ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, February 28, 1875
(Month) (Day) (Year)

7-AGE, 42 yrs. 3 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Proprietor of Restaurant
(b) General nature of industry, business, or establishment in which employed (or employer): Restaurateur

9-BIRTHPLACE, (State or Country), Balto. Md

10-NAME OF FATHER, Charles Becker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katherine Schminke

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick W. Daum

(Address) 1711 E. Biddle St.

JUN 16 1917

....., 191.. HARRY C. ANDREWS

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13 1917, to June 15 1917, that I saw h.. alive on June 15 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

?

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chr. Endocarditis

(Duration) ... yrs. 6 mos. ... ds.

(Signed) J. M. Dillard M. D.

June 15, 191.. (Address) 621 Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem't

DATE OF BURIAL, June 18, 1917.

20-UNDERTAKER W. G. Cook

ADDRESS 502 Park

Spec.—8-24-14—M. & T.—2000 Bks.

D 6089

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

VD 6089

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2962 Kaford Ave ST.; 9 WARD) REGISTERED No. C 10

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Weke

(Residence in Baltimore: No. 2962 Kaford Ave St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 15 (Month) (Day), 1868 (Year)

7-AGE, 53 yrs. 16 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Baltimore Md

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country) Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Weke

(Address) 2962 Kaford Ave

JN 16 1917 HARRY C. ARTHURS

Filed ....., 191.. Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1917, to June 15 1917, that I saw h alive on June 15 1917, and that death occurred, on the date stated above, at 4.20 m.

The CAUSE OF DEATH* was as follows:

Cystic Meningitis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Otitis Media following La Grippe

(Duration) yrs. mos. 28 ds.

(Signed) H. C. Bonar M. D.

June 16, 1917. (Address) 125 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Pauls DATE OF BURIAL, June 18, 1917.

20-UNDERTAKER H Sanders & Sons ADDRESS 700 Lafayette

Spec.—8-24-14—M. & T.—2000 Blks.

D 6090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 6090

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Chas. St.; 23 WARD) REGISTERED NO. C

2-FULL NAME Mary E Yokeyer

(Residence in Baltimore: No. 1626 St. Paul St.: — yrs., — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan 2, 1858. (Month) (Day) (Year)

7-AGE, 59 yrs. 5 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION, (a) Trade, profession, or particular kind of work. Housewife (b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, August Betz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Heine

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Yokeyer

(Address) 1626 St. Paul St.

JUN 16 1917 191... HARRY C. ANDREWS Deputy Health Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June, 1916, to June 14 1917, that I saw h alive on June 14 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH was as follows:

Mitral Insufficiency

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) 1 yrs. mos. ds.

(Signed) R. L. Chambers M. D.

June 14 191 7 (Address) 1626 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK. DATE OF BURIAL, JUN 17 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6091

CERTIFICATE OF DEATH.

79 D 6091

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2121 E Pratt ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Von Rinteln

(Residence in Baltimore: No. 2121 E Pratt St. Life yrs.....mos.....ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, August 28, 1851.
(Month) (Day) (Year)

7-AGE, 65 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, August Ohle

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Wilhmina Diehl

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin Von Rinteln

(Address) 2121 E. Pratt St.

JUN 16 1917

ed....., 191... HARRY C. ADKINS
Burial Permit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 20 1916, to June 1 1917,

that I saw h.. alive on June 1 1917,

and that death occurred, on the date stated above, at 9 6 m.

The CAUSE OF DEATH* was as follows: Pulmonary
Lemorrhage - Pulmonary Tuberc-
Said c. Lent Myocarditis & Fib. Tenosynovitis
and Spinal Neuritis 2 d
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mutrals insufficiency
Bronchitis (Duration) yrs. 8 mos. ds.

(Signed) Geo. Mekus M. D.

June 15, 191... (Address) 6 N. Elmer

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, June 18, 191.7.

20-UNDERTAKER Wendel Dippeldoss — ADDRESS 378 Conn.

10 7.4

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6092 ✓ D 6092

D 6092

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 S. Chapel ST.; 2nd WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Fahey

(Residence in Baltimore: No. 109 S. Chapel St.; ....yrs....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, March 10, 1855.
(Month) (Day) (Year)

7-AGE, 62 yrs. 3 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Baltimore Md.

10-NAME OF FATHER, John Burns

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Higgins

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Fahey

(Address) 109 S. Chapel St.

Filed JUN 16 1917, 191....

HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14th 1917, to June 15th 1917, that I saw her alive on June 15th 1917, and that death occurred, on the date stated above, at 1130 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 7 ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. Palmisano M. D.

June 16, 1917. (Address) 126 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loy Cross — DATE OF BURIAL, June 18 1917

20-UNDERTAKER Kendall Dippel & Son — ADDRESS 578 Pm

Spec.—8-24-14—M. & T.—2000 Bks.

D 6093

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6093

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 Madison Ave. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin B. Spicer

(Residence if Baltimore: No. 2903 Madison Ave. St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 23, 1832 (Month) (Day) (Year)

7-AGE, 84 yrs. 11 mos. 25 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Va

10-NAME OF FATHER, Samuel N. Spicer

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Catherine Sandais

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Cora Spicer

(Address) 2112 Oak St. Carlton

JUN 16 1917

HARRY C. ANDREWS

Registered ....., 191.... Assistant Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10th 1917, to June 16th 1917, that I saw h... alive on June 16th 1917, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Thomas Dunn Owen M. D.

June 16, 1917. (Address) 2127 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Moriah N. DATE OF BURIAL, June 18, 1917

20-UNDERTAKER H. S. Ulman Hall 2579 Fall Rd ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

D 6091 HEALTH DEPARTMENT—CITY OF BALTIMORE D 6094

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N Bradford ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Benda

(Residence in Baltimore: No. 416 N Bradford St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE. White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known ....., 1 .....
(Month) (Day) (Year)

7-AGE 35 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

10-NAME OF FATHER, Michael Horbel

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Anna Rockacek

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Benda

(Address) 416 N Bradford St

HENRY C. ADKINS

ed..... (.), 191..... Burial Permit Clerk

JUN 15 1917

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1917, to June 15 1917, that I saw her alive on June 14 1917, and that death occurred, on the date stated above, at 9:20 A m.

The CAUSE OF DEATH* was as follows:

Luetic Aortic Regurgitation

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) F. H. Ruzicka M. D.

June 15, 1917. (Address) 60 N. Pulaski St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer | DATE OF BURIAL, June 18, 1917.

20-UNDERTAKER Frank Crockett | ADDRESS 1906 E Pratt

Spec.—5-19-13—M. & T.—500 Bks.

D 6095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

D 6095

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N. Wolfe St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Shindler

(Residence in Baltimore: No. 127 N. Wolfe St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto City

10-NAME OF FATHER, Harry Shindler

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fannie Friedman

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Shindler

(Address) 127 N Wolf St

JUN 16 1917

Filed ....., 191..

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14 1917, to June 15 1917, that I saw her alive on June 15, 1917, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jacob M. Mack M. D.

June 16, 1917. (Address) 1802 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lebow Rosedale — DATE OF BURIAL, June 16, 1917

20-UNDERTAKER S. Levinson & Bro

ADDRESS 1107 E Balto St

D 6096

HEALTH DEPARTMENT—CITY OF BALTIMORE

154 D 6096

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hotel Belvedere ST. 11 WARD)

REGISTERED No. C

2-FULL NAME Laurence Perine

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. Hotel Belvedere St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Aug 23rd 1878
(Month) (Day) (Year)

7-AGE, 38 yrs. 9 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Wis. Ohio.

PARENTS.

10-NAME OF FATHER, Nelson Perine

11-BIRTHPLACE OF FATHER (State or Country), Wis. Ohio

12-MAIDEN NAME OF MOTHER Ella Kuck.

13-BIRTHPLACE OF MOTHER (State or Country), Wis Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nelson Perine

(Address) Rockbridge Springs W. Va.

15-

Filed JUN 16 1917, 191. HARRY C. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by pistol shot in brain

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Sudden

(Duration) yrs. mos. ds.

(Signed) W. J. Culley (Coroner.) M. D.

June 16, 1917 (Address) 1638 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, June 17th 1917

20-UNDERTAKER Geo. Jenkins Undr. Co. — ADDRESS W. Fallsway & Oliver

Spec.—8-24-14—M. & T.—5000 Bks.

6097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 6097

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 670 W Saratoga ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Marino

(Residence in Baltimore: No. 670 W Saratoga St.; ....yrs.,.... mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, 6 (Month) 15 (Day) 1917 (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or 26 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). City

10-NAME OF FATHER, Carpano Marino

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Rosie Brocato

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosie Brocato

(Address) 670 W Saratoga St.

Filed JUN 16 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit 9151

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-14 1917, to 6-15 1917, that I saw h[illegible] alive on 6-15 1917, and that death occurred, on the date stated above, at 12:30 A. m.

The CAUSE OF DEATH* was as follows:

Premature birth

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration).....yrs.....mos.....ds.

(Signed) .....M. D.

6-15, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL St Vincents Cemetery DATE OF BURIAL June 21, 1917.

20-UNDERTAKER Mrs A Rohrer ADDRESS 708 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

D 6093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 D 6098

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6) Maryland Gen. Hosp. St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josie Davis

(Residence in Baltimore: No. 765 W. Lexington St.; 22 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) ..... (Day) 1895 (Year)

7-AGE, 22 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, John H Davis.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Catherine Connel.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Davis.

(Address) 765 W Lexington

JUN 16 1917

Filed ....., 191.... HARRY O. ANDREWS

Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 1917, to June 14, 1917, that I saw h[illegible] alive on June 14, 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Tumor

(Duration) ..... yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) [illegible] M. D.

6/15, 191.7 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 3 ds. In the State 22 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 765 N. Lexington St.

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, June 17, 191.7.

20-UNDERTAKER John A Norman

ADDRESS Bank & Arch Sts

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6099

CERTIFICATE OF DEATH.

D 6099

1. PLACE OF DEATH Franklin Square Hospital

REGISTERED No. C

CITY OF BALTIMORE: (No. Carey Calhoun ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Mr. Frank Rogers

(Residence in Baltimore: No. 448 South Paca St.; 50 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 17, 1848
(Month) (Day) (Year)

7-AGE. 68 yrs. 10 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer in Garage
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Fields

(Address) 1200 W. Lombard St

JUN 16 1917

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13 1917, to June 14 1917, that I saw him alive on June 14 1917, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acquired Pedonis.

(Duration) yrs. mos. ds.

(Signed) Wm. H. Fortunato M. D.

June 17, 1917. (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 50 yrs. 50 mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 448 S. Paca St.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, June 17., 1917.

20-UNDERTAKER John J. Fields

ADDRESS 1200 W. Lombard St

Burial Permit Clerk

Spec.—8-24-14—M. & T.—2000 Bks.

D 6100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6100

REGISTERED NO. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 S. Bethel ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Smith

(Residence in Baltimore: No. 611 S. Bethel St.; yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) Single

6-DATE OF BIRTH, July 17, 1916 (Month) (Day) (Year)

7-AGE, yrs. 11 mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) " "

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER Leon. Smith.

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Agnieszka Chmielewska

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Smith

(Address) 611 S. Bethel St.

Filed JUN 17 1917 191 Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 191 7, to June 15 191 7, that I saw h[illegible] alive on June 15 191 7, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Colon Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) W. J. Ramsey M. D.

June 16, 191 7 (Address) 2008 Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary, DATE OF BURIAL, June 17, 1917

20-UNDERTAKER, William Fialkowski ADDRESS 1618 Eastern

D 6101 HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 6101

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 526 Lemmon St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Hunt

(Residence in Baltimore: No. 526 Lemmon St.; yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 15, 1880
(Month) (Day) (Year)

7-AGE, 34 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Brown

(Address) 908 Penn. Ave

15- Filed JUN 17 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) yrs. mos. ds.

(Signed) C. Whitehurst M. D.
(Coroner.)

June 15, 191.. (Address) 714 E. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State 17 yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Dr. Woodbourne Ave. DATE OF BURIAL, June 17, 191..

20-UNDERTAKER Hamilton Robertson & Co. ADDRESS E. Balto

Spec.—8-24-14—M. & T.—2000 Bks.

D 6102 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 6102

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Thames ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Linde

(Residence in Baltimore: No. 1627 Thames St.; 25 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1857 (Year)

7-AGE, 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Marine Fireman (b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), Holland

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Graulund

(Address) 1627 Thames St

JUN 17 1917, 191.. HARRY [illegible]

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1917, to June 17 1917, that I saw h[illegible] alive on June 16 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 2 ds.

(Signed) Thos. D. Buckler M. D.

June 17, 191.7 (Address) 1627 Thames St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Evangelical Cem. DATE OF BURIAL, June 19, 191.7

20-UNDERTAKER H. Sander & Son ADDRESS 1710 E Lee St

Spec.—8-24-14—M. & T.—2000 Blks.

D 6103

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6103

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 E. Hoffman ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albertina Blank

(Residence in Baltimore: No. 2300 E. Hoffman St.; 49 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, June 19th, 1867 (Month) (Day) (Year)

7-AGE, 49 yrs. 9 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Philadelphia Pa

10-NAME OF FATHER, Peter Noll

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Keller

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick W. Blank

(Address) 2300 E. Hoffman St.

Filed JUN 17 1917, 191.... HARRY C. ANDREWS Registrar

Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15th 1915, to June 16th 1917, that I saw her alive on June 16th 1917 and that death occurred, on the date stated above, at 2.50 p.m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. mos. ds.

(Signed) Helen G. Bingemann M. D.

6/17, 191.7 (Address) 1806 E. Monument Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	June 19th, 191.7
20-UNDERTAKER	ADDRESS
Mrs Jno H. Pengelley	601 W Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6104

CERTIFICATE OF DEATH.

10 D 6104

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 E. Madison ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Smith

(Residence in Baltimore: No. 1424 E. Madison St.; — yrs., 1 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown., 1876
(Month) (Day) (Year)

7-AGE, 41 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country) Hanson Co. Va

10-NAME OF FATHER, Harrison Smith

11-BIRTHPLACE OF FATHER (State or Country), Virginia.

12-MAIDEN NAME OF MOTHER Emily Adams

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wife Eliza Smith

(Address) 1424 E. Madison St

JUN 17 1917

....., 191.... RILEY H. ANDREWS
Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1917, to 14/6 1917, that I saw h[illegible] alive on 14/6 1917, and that death occurred, on the date stated above, at 7 30 p.m.

The CAUSE OF DEATH* was as follows: Paralysis unless

Valvular Lesion

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Heart Disease

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert Reid Bay M. D.

6/16, 191.. (Address) 1430 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Cemetery — DATE OF BURIAL, June 18, 1917.

20-UNDERTAKER Thos Rotter & Elliott — ADDRESS 502 East St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6105

CERTIFICATE OF DEATH.

64 D 6105

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Wilcox ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William W. Parker

(Residence in Baltimore: No. 1006 Wilcox St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1872 (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cement Worker
(b) General nature of industry, business, or establishment in which employed (or employer)..... 086

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, John Parker

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emily Swan

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Parker (wife).

(Address) 1006 Wilcox

JUN 17 1917

Filed....., 191.... BALTY. [illegible]
Registrar.
Burial Permit Oiss

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15 (Month) (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 20 1917, to June 15 1917, that I saw h— alive on June 14 1917, and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 1 yrs. ...mos. ...ds.

(Signed) W. C. Burns M. D.

June 16 1917. (Address) 2215 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery DATE OF BURIAL. June 18. 1917.

20-UNDERTAKER Mrs. K. A. Elliott. ADDRESS 506 East Pratt St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6106

CERTIFICATE OF DEATH.

D 6106

1-PLACE OF DEATH Franklin Square Hosp. REGISTERED No. C

CITY OF BALTIMORE: (No. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marcellus Keene

(Residence in Baltimore: No. 1600 N Carey St.; 75 yrs., 3 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 25, 1842 (Month) (Day) (Year)

7-AGE, 75 yrs. 3 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

10-NAME OF FATHER, Marcellus Keene

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Mary Cordery

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. H. Keene

(Address) 1600 N Carey

JUN 17 1917

Registered ....., 191.... HARRY O. ANDREWS Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1916, to June 16 1917, that I saw h[illegible] alive on June 16 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Prostate

Primary (Duration) 3 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 2 yrs. 6 mos. ds.

(Signed) Wm Partenfield M. D.

June 16 1917. (Address) Franklin Sq Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 mos. 27 ds. In the State 75 yrs. 3 mos. 21 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Carey 1600 St.

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, June 19, 1917.

20-UNDERTAKER Stewart & Moreno — ADDRESS 108 W. Mott

Spec.—8-24-14—M. & T.—2000 Blks.

D 6107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 6107

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1548 N. Fulton Av ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Adela Baughman

(Residence in Baltimore: No. 1548 N. Fulton Ave St.; 80 yrs., 4 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, February 2, 1837
(Month) (Day) (Year)

7-AGE, 80 yrs. 4 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Fred. Baughman

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Ann Miles

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm L. E. Young

(Address) Pondel & St.

Filed ....., 191.....

HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19 1916, to June 15 1917, that I saw her alive on June 15 1917, and that death occurred, on the date stated above, at 3:45 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Arterio-Sclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) yrs. mos. 3 ds.

(Signed) R. C. Metzel M. D.

June 16, 1917. (Address) 1903 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence ✓

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cem. DATE OF BURIAL, June 17 1917.

20-UNDERTAKER Edward Mowen Co ADDRESS 1084 N. Nott

D 6108

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 6108

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 High St. WARD) 5

2-FULL NAME Rosa White

(Residence in Baltimore: No. 1217 High St. 25 yrs. — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec 25 1882 (Month) (Day) (Year)

7-AGE: 34 yrs. 5 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): 041

9-BIRTHPLACE (State or country): Pa

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Hamilton

(Address) 1217 High St

JUN 17 1917 HARRY C. ARCHER

....., 191..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 14 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1917, to, June 14 1917, that I saw h.e alive on June 14 1917, and that death occurred, on the date stated above, at 3.30 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. — mos. 3 ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), F. C. Smith M. D.

June 15, 1917 [Address] 1319 W. North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: June 17, 1917

20-UNDERTAKER: Charles B. Jones — ADDRESS: 2335 N. Pine St

Spec.—5-19-13—M. & T.—500 Bks.

D 6109

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6109

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1104 Russell ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Freede

(Residence in Baltimore: No. 1104 Russell St.; 48 yrs., 8 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 20, 1874
(Month) (Day) (Year)

7-AGE, 42 yrs. 8 mos. 26 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pants Maker 03
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country). Falls City

10-NAME OF FATHER. August Goldmon

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Freede (Son)

(Address) 1104 Russell St

Filed JN 17 1917 191... HARRY C. ANDREWS
Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5, 9 1917, to 6, 16 1917, that I saw her alive on 6, 16 1917, and that death occurred, on the date stated above, at 9 15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
3 Weeks Known
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Lagrippe & Gen Anemia
(Duration) ... yrs. 6 mos. ... ds.

(Signed) L. J. Burlington M. D.

6.17., 1917 (Address) 1020 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, June 19, 1917

20-UNDERTAKER William Cook — ADDRESS 502 [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 6110 HEALTH DEPARTMENT—CITY OF BALTIMORE D 6110

CERTIFICATE OF DEATH. +108

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hosp. St.; 9 WARD) REGISTERED NO. C

2-FULL NAME Leroy Huber

(Residence in Baltimore: No. 5215 Ardmore Ave St.; If not in Baltimore give city or town and State.) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ..., 1 (Day) ..... (Year)

7-AGE, 1 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — School Boy.
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, William Huber

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Cora Kershner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Huber

(Address) 5215 Ardmore Ave

JUN 17 1917

....., 191.... HARRY C. ... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14 1917, to June 15 1917, that I saw him alive on June 15 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Septicemia

Sore Throat (Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) General Peritonitis

Operation for Pus Appendix (Duration) ... yrs. ... mos. 2 ds.

(Signed) C. F. Mueller M. D.

6/15, 191.7. (Address) 1 E Pleasant St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. Life mos. ... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 5215 Ardmore Ave

19-PLACE OF BURIAL OR REMOVAL, St Mary Cemetery, Govan — DATE OF BURIAL, June 18 191.7

20-UNDERTAKER George J. Ruth. ADDRESS 735 Hayford Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6111

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6111

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Hilton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Hall

(Residence in Baltimore: No. 1703 Hilton St. St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, ... December (Month) 7 (Day) 1855 (Year)

7-AGE, 61 yrs. 6 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 03

9-BIRTHPLACE, (State or Country) Freeport Long Isl. N. Y.

10-NAME OF FATHER, Capt Zebulon Smith

11-BIRTHPLACE OF FATHER (State or Country), Freeport L.I. N.Y.

12-MAIDEN NAME OF MOTHER Mary E Smith

13-BIRTHPLACE OF MOTHER (State or Country), Accomac Co. Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Burnard Hall

(Address)... 1703 Hilton

JUN 17 1917 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 31 1916, to June 17 1917, that I saw h~~er~~ alive on June 16 1917, and that death occurred, on the date stated above, at 6.05 a.m.

The CAUSE OF DEATH* was as follows:

Epidermoidal Cancer - Metastasis Under Surface of Liver, & Pyl. Stomach & Colon (Duration) 1 yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) None (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas S Parker M. D.

....., 191... (Address) 2116 W North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, 6-18, 1917

20-UNDERTAKER E.F. Walker — ADDRESS 1230 W Fay

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6112

CERTIFICATE OF DEATH.

92 D 6112

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eldred Householder

(Residence in Baltimore: No. ~~1~~ 2120 E Chase St; Lifetime Yrs., Mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 22, 1894 (Month) (Day) (Year)

7-AGE, 22 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 015

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER. Andrew Householder

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary C. Malone

13-BIRTHPLACE OF MOTHER (State or Country). Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

JUN 17 1917 HARRY C. ANDREWS

....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13 1917, to June 16 1917, that I saw h m alive on June 16 1917, and that death occurred, on the date stated above, at 1140 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Chas. Smith M. D.

June 17, 191 7. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 2120 E. Chase St

Former or usual residence 2120 E Chase St

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, June 19, 1917

20-UNDERTAKER W M Routson

ADDRESS 2300 Green

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6113

CERTIFICATE OF DEATH.

5 6 D 6113

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 McElderry ST.; 2-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gaetano LaDeca

(Residence in Baltimore: No. 1115 McElderry St. St.; ....yrs....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 18th, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 11 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). 000

9-BIRTHPLACE, (State or Country), Baltimore Md.

10-NAME OF FATHER, Vincenzo LaDeca

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Maria Caleanni

13-BIRTHPLACE OF MOTHER (State or Country), Italy

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincenzo LaDeca

(Address) 1115 Low St

JUN 17 1917

Filed ....., 191.. HARRY C. ANDREWS Registrar.

Burial Permit 6151

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1917, to June 16 1917, that I saw h*im* alive on June 16 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

1. Bronchopneumonia

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) ....yrs. ....mos. 5 ds.

(Signed) A. Palmisano M. D.

June 17, 1917. (Address) 126 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....dy.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cmtry. DATE OF BURIAL, June 17, 191..

20-UNDERTAKER George F. Routh. ADDRESS 1730 Harford Ave

Spez.—8-24-14—M. & T.—2000 Blks.

D 6114

HEALTH DEPARTMENT—CITY OF BALTIMORE

41 ✓ D 6114

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 Bradley ST. 17 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Davis

(Residence in Baltimore: No. 722 Bradley St.; ....yrs. 4 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month), ... (Day), 1876 (Year)

7-AGE, 40 yrs. 11 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Pvt Exemplation

9-BIRTHPLACE, (State or Country), West River Md

10-NAME OF FATHER, Brau Henry Davis

11-BIRTHPLACE OF FATHER (State or Country), West River Md

12-MAIDEN NAME OF MOTHER Mary Handy

13-BIRTHPLACE OF MOTHER (State or Country), West River Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose E. Diggs

(Address) 722 Bradley St

JUN 18 1917 ROBERT R. KRAUTH
191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 15 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby 26th 1917, to June 15th 1917, that I saw her alive on June 14th 1917, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma Rectum

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) .... yrs. .... mos. .... ds.

(Signed) Gustav Goldmann M. D.

....., 191... (Address) 656 W Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem. DATE OF BURIAL, June 17, 191..

20-UNDERTAKER Emmet J Handley ADDRESS 358 Aisquith

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6115

CERTIFICATE OF DEATH.

28 D 6115

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Eastern & Oliver St. 15 WARD) REGISTERED No. C

2-FULL NAME Francis Monroe St. Elizabeth's Hosp.

(Residence in Baltimore: No. 1625 Presbury St.: yrs., 15 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 5 1915 (Month) (Day) 1 (Year)

7-AGE, 1 yrs. 7 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md.

10-NAME OF FATHER, Rossy Byrd

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Rhoda Monroe

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rhoda Monroe

(Address) 333 State Street

JUN 18 1917 191 ROBERT R. KRAUTH

State Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15th (Month) (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 25 1917, to June 15 1917, that I saw him alive on June 15 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

F B Tentonic

Acute Nausea

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C W Wuehler M. D.

6/16, 191 (Address) St. Jos. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2a ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Same as Above

Former or usual residence 1625 Presbury St

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, June 17, 1917.

20-UNDERTAKER Atkins & Rye — ADDRESS 102 E Hoffman Ave

D 6116

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 D 6116

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1315 Morling Ave ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Baby Bossom

(Residence in Baltimore: No. 1315 Morling ave, St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Fem	White	Single

6 DATE OF BIRTH ..... June (Month) 16 (Day), 1917 (Year)

7 AGE ..... yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Balto md.

PARENTS

10 NAME OF FATHER E. Reed Bossom

11 BIRTHPLACE OF FATHER (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Georgia A. McCauley

13 BIRTHPLACE OF MOTHER (State or country) Balto Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geary B. McCauley

(Address) 1315 Morling Ave

15 JUN 18 1917 Filed ..... 191 .....

ROBERT R. KRAUTH
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH ..... June (Month) 16 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6/16, 1917, to 6/16 1917, that I saw her alive on 6/16 1917, and that death occurred, on the date stated above, at 9:20 p m.

The CAUSE OF DEATH* was as follows:

Mother - Eclampsia puerp.
Incs. delivery - High forceps.

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo W Wm Hoff, M. D.

6/17, 1917 (Address) ~~Eutaw & Lafayette~~ 1020 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: St Mary's

DATE OF BURIAL: June 18 .191 7

20 UNDERTAKER: J S Marshall

ADDRESS: Balto Md

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6117

CERTIFICATE OF DEATH.

151 D 6117

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 Albemarle ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonio Marzula

(Residence in Baltimore: No. 9 Albemarle St.; ....yrs., ...mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ...6.... (Month) 14 (Day), 1917 (Year)

7-AGE, ...yrs....mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 9 Albemarle St.

10-NAME OF FATHER, Donato Marzula

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Lucia Puglia

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....Donato Marzula.....

(Address).....9 Albemarle St.....

15-Filed JUN 18 1917, 191..

ROBERT E. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...6.... (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-7 1917, to 6-17 1917, that I saw h.. alive on 6-17 1917, and that death occurred, on the date stated above, at 4P. m.

The CAUSE OF DEATH* was as follows:

.....Premature birth.....
.....Edema.....7 mo.....
..... (Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)
..... (Duration)....yrs....mos....ds.

(Signed).....S. D. Edwards.....M. D.

6-17, 191..7 (Address)...1604 London Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Harford Rd. DATE OF BURIAL, June 18, 191..

20-UNDERTAKER Wm J Schaffer ADDRESS 8 S Front St

D 6118

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 D 6118

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1728 Bentalou St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Elizabeth Boyer

(Residence in Baltimore: No. 1728 Bentalou St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown July (Month) 18 (Day), 1857 (Year)

7-AGE: 60 — 60 yrs. 11 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Co Md

PARENTS

10-NAME OF FATHER: George Jesop

11-BIRTHPLACE OF FATHER (State or country): Baltimore Co Md.

12-MAIDEN NAME OF MOTHER: Ellen Ashton

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John W. H Boone

(Address) 1728 Bentalou st

15-Filed JUN 18 1917

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 16 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1916, to June 16 1917, that I saw her alive on June 15, 1917, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Fred D Jencks M. D.

June 16, 1917. (Address) 2216 Penna ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: June 18, 1917

20-UNDERTAKER: Josiah Doffer

ADDRESS: 1600 N North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6119

CERTIFICATE OF DEATH.

103 D 6119

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Friendship St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Birgid Josefine Shade

(Residence in Baltimore: No. 1700 Friendship St.; 2 yrs. 11 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 23rd, 1914 (Month) (Day) (Year)

7-AGE, 2 yrs. 11 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... not any
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto City

10-NAME OF FATHER, Wm H. Shade

11-BIRTHPLACE OF FATHER (State or Country) Balto Co. Md

12-MAIDEN NAME OF MOTHER Margaret Gleeson

13-BIRTHPLACE OF MOTHER (State or Country) County Clare Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Shade

(Address) 1700 Friendship St

JUN 18 1917 ROBERT R. KRAUTH

....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14th 1917, to June 17th 1917, that I saw h Er alive on June 17th 1917, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Acute Catarrhal Gastritis

..... (Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Inanition

..... (Duration) — yrs. — mos. 3 ds.

(Signed) Wm J. Sullivan M. D.

June 17th, 1917. (Address) 1201 N. Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. St Maria Cem Govans | DATE OF BURIAL, June 19, 1917.

20-UNDERTAKER Chas. P. Evans & Son | ADDRESS 1180 W Mt Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp. St.; 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Bach

(Residence in Baltimore: No. 808 - S. Sharp St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, not Known, 1890
(Month) (Day) (Year)

7-AGE, 27 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, Eugene Bach.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Lehlhorn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene Bach

(Address) 808 S Sharp St

Filed JUN 18 1917, 191. ROBERT R. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16th 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6th 1917, to June 16th 1917, that I saw h.r alive on June 16th 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cardiac dilitation

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Typhoid Fever

(Duration) ...yrs. ...mos. 31 ds.

(Signed) E. O'Malley M. D.

June 16th, 1917. (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. 10 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? 808 S. Sharp St.

Former or usual residence 808 S. Sharp St

19-PLACE OF BURIAL OR REMOVAL, Holy Cross A&C — DATE OF BURIAL, June 19, 1917

20-UNDERTAKER E & B Hasle — ADDRESS 115 E Mead St

Spec.--8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6121.

CERTIFICATE OF DEATH.

28 D 6121

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 N. 40 St. ST. 12 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Mister

(Residence in Baltimore: No. 1005 N. 40 St. St.; 35 yrs., 5 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (*Write* the word.) Married

6-DATE OF BIRTH, Nov. 30, 1881
(Month) (Day) (Year)

7-AGE, 35 yrs. 5 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Motorman
(b) General nature of industry, business, or establishment in which employed (or employer): Electric Road.

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, William H. Mister

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Wise

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oliver Mister

(Address) 1005 N. 40 St.

JUN 18 1917 ROBERT R. KRAUTER

....., 191.... Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct. 1 191 7, to June 17 191 7, that I saw h.m alive on June 15 191 7, and that death occurred, on the date stated above, at 10:15 a. m.

The CAUSE OF DEATH* was as follows:

Suffocation Exhaustion

(Duration) yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

(Signed) Emma Steele M. D.

June 17 191 7 (Address) 3705 Falls Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Druid Ridge — DATE OF BURIAL, June 19 191 7

20-UNDERTAKER Benworth & Son — ADDRESS [illegible]

D 6122

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6122

CERTIFICATE OF DEATH.

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Joseph Hayes

(Residence in Baltimore: No. ..... St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, about 53 - 5-8 ....yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Day Work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) N. Calvert St

15- Filed JUN 18 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an....Inquest..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry) ..Dr. Guy..find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull
Caused by accidental fall on street

(Duration).....yrs.....mos.....,ds.

CONTRIBUTORY, Delirium tremens (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) W. S. Riley M. D. (Coroner.)

June 17, 1917. (Address) 163 E. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	June 18, 19 17
20-UNDERTAKER	ADDRESS
H. W. Sanford	1009 W. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6123

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

28 D 6123

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 215 Courtland ST.; ..... WARD)

2-FULL NAME John Green

(Residence in Baltimore: No. 215 Courtland St.; ..... yrs., ... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col. a. a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 48 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)..... Office Building

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Mary Green

(Address)...215 Courtland St

JUN 18 1917 ROBERT R. KRAUTH

....., 191..... Burial Permit Register.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 16, 1917.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23, 1917, to June 16, 1917, that I saw him alive on June 15, 1917, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY. (Secondary) Phthisis ?

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) ..... M. D.

June 16, 1917 (Address) 1520 Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mount Auburn Cem

DATE OF BURIAL, June 19, 1917.

20-UNDERTAKER Charles F Jones

ADDRESS 236 N Pine St

D 6121

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 6121

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Elizabeths Home St. ..... WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Oliver Butler

(Residence in Baltimore: No. St. Elizabeth's Home St.; 5 yrs. 1 mos. 2 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Negro

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April (Month) 18 (Day), 1905 (Year)

7-AGE: 12 yrs. 2 mos. — ds. If LESS than 1 day, ... hrs. or — min.

8-OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE (State or country) Charles Co. Md.

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mother Mildred
(Address) St Elizabeths Home

15-
Filed JUN 18 1917, 191.....
ROBERT E. [illegible]
Burial Permit, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 6 (Month) 15 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1917, to June 15 1917, that I saw h[illegible] alive on June 15, 1917, and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. unknown mos. ..... ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Goldberg M.D.
6-16, 1917 (Address) 2031 W Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 5 yrs. 1 mos. 2 7 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral cmty
DATE OF BURIAL: June 18, 1917

20-UNDERTAKER: Jno H. Holland
ADDRESS 1631 E. H. Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6125

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 11 WARD)

REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Porter

(Residence in Baltimore: No. 1308 McCulloh St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Nov. 26th, (Month) (Day) 1870 (Year)

7-AGE, 46 yrs. 6 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Housework (b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Patrick J. Roche

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Esther G. Jones

13-BIRTHPLACE OF MOTHER (State or Country), Kent County, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Lee Porter

(Address) 1308 McCulloh St.

JUN 18 1917

d....., 191.... ROBERT E. KRAUTER

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1917, to June 18 1917, that I saw her alive on June 18 1917, and that death occurred, on the date stated above, at 4.20 p.m.

The CAUSE OF DEATH* was as follows:

Cystic Kidney Disease

Myocarditis

about (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward A. Leech M. D.

June 18, 1917. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 18 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1308 McCulloh St.

Former or usual residence 1308 McCulloh St.

19-PLACE OF BURIAL, OR REMOVAL, Greenmount — DATE OF BURIAL, 6th 20th, 1917.

20-UNDERTAKER H. W. Jenkins Son Co — ADDRESS McCulloh and

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6126

CERTIFICATE OF DEATH.

5 92

D 6126

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H. Kelley

(Residence in Baltimore: No. 210 Colvin St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ....., 1874
(Month) (Day) (Year)

7-AGE, 43 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE, (State or Country), Va

10-NAME OF FATHER, Moses Kelley

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Maryann Gubbins

13-BIRTHPLACE OF MOTHER (State or Country), Va

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

JUN 18 1917 HARRY C. [illegible]
Burial Permit Clerk

....., 191...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6/13/17 ....., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/22/17 191..., to 6/13/17 191..., that I saw him alive on 6/13/17 191..., and that death occurred, on the date stated above, at 1.45 P.m.

The CAUSE OF DEATH* was as follows:

..... Myocardial Insufficiency .....

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Tobacco Amaurosis

..... (Duration) ..... yrs. ..... mos. 2 1 ds.

(Signed) Frank Onions M. D.

6/13/17 191... (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 22 ds. In the State ..... yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence 210 Colvin St

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL, JUN 18 1917 ....., 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND.

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6127

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6127

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Dixon

(Residence in Baltimore: No. 1522 Willmore alley St.: 13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1881
(Month) (Day) (Year)

7-AGE, 30 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), D C

10-NAME OF FATHER, William Dorsey

11-BIRTHPLACE OF FATHER (State or Country), S C

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Universal Hospital Record

(Address) Greene & Lombard Sts.

Filed JUN 18 1917 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/7 1917, to 6/13 1917, that I saw her alive on 6/13 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(Duration) yrs. mos. ds.

(Signed) J. E. Evans M. D.

6/13, 1917 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State 13 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1522 Willmore Alley

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND.

DATE OF BURIAL, JUN 16 1917, 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

ROBERT R.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 6128

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Kilgor

(Residence in Baltimore: No. 581 Oxford St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Unknown (Month) ....., 1876 (Day) (Year)

7-AGE, 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Longshoreman
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, John Kilgor

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. J. Ruth

(Address) 1735 Harford ave

JUN 18 1917. 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14 191.7, to June 16 191.7, that I saw h[illegible] alive on June 16 191.7, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. V ds.

CONTRIBUTORY (Secondary) Pulmonary edema

..... (Duration) ..... yrs. 1 mos. 1 ds.

(Signed) Broadbelle M. D.

June ....., 191.7. (Address) Md. General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. V ds. In the State of Md. Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 581 Oxford St

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, ... 191...

20-UNDERTAKER Geo J Ruth — ADDRESS

Spmc.—8-24-14—M. & T.—2000 Bks.

D 6129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. D 6129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 E Northave ST.; 9 WARD)

2-FULL NAME Charles Tolley

(Residence in Baltimore: No. 1133 E Northave St.; ....yrs.,....mos.....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Richard Tolley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Bowles

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna Tolley

(Address) 1133 Northave

JUN 18 1917

....., 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 191.., to June 17 191..,
that I saw h.. alive on June 17 191..,
and that death occurred, on the date stated above, at 10 a.m.
The CAUSE OF DEATH* was as follows:

Cor Pulmonale

..... (Duration) .....yrs. 6 mos. .....ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

..... (Duration) .....yrs. 1 mos. .....ds.

(Signed) Chas T Hamilton M. D.

June 18, 191... (Address) 1504 Mc Culloh

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, June 19, 1917.

20-UNDERTAKER M Fahey & Sons — ADDRESS 606 Lafayette Av

Spec.—6-24-14—M. & T.—2000 Bks.

D 6130 HEALTH DEPARTMENT—CITY OF BALTIMORE D 6130

CERTIFICATE OF DEATH.

REGISTERED NO. C 78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 Hoffman ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Bloom (Groom)

(Residence in Baltimore: No. 526 Hoffman St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 1901 (Month), 1 (Day), (Year)

7-AGE, 16 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE, (State or Country), Balto. City

10-NAME OF FATHER, John Groom

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Caroline —

13-BIRTHPLACE OF MOTHER (State or Country), Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Warner

(Address) 526 Hoffman St.

JUN 18 1917, 191..., HARRY D. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16th (Month) (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 12th 1917, to June 16th 1917, that I saw h[illegible] alive on June 16th 1917, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

Cause Unknown (Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

6/18/17, 191... (Address) 924 Mosher St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet DATE OF BURIAL, June 17, 191...

20-UNDERTAKER Daniel Carlon ADDRESS 916 [illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6131

D 6131

CERTIFICATE OF DEATH.

78

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Md. ave. 1 ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche Olivia (Olives)

(Residence in Baltimore: No. 1811 Maryland ave. St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, 1899, 1 (Month) (Day) (Year)

7-AGE, 18 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE, (State or Country), Va

10-NAME OF FATHER, John Oliver

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Rebecca A. Faint

13-BIRTHPLACE OF MOTHER (State or Country), Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Oliver

(Address) Va

JUN 18 1917 HARRY C. ANDREWS Burial Permit Clerk

....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18th, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 12th 1917, to June 18th 1917, that I saw h.. alive on June 18th 1917, and that death occurred, on the date stated above, at 2.07 p. m.

The CAUSE OF DEATH* was as follows:

Acute endocarditis

Cause Unknown (Duration) .....yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Tonsilitis

..... (Duration) .....yrs. ..... mos. ..... ds.

(Signed) A. Ker Elliott M. D.

6/18, 191.7 (Address) 927 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Claybank Mt Va. DATE OF BURIAL, June 18, 1917.

20-UNDERTAKER James H. Dennis ADDRESS 1303 Presstman St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6132

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1305 N. Mount ST.; 15 WARD)
REGISTERED NO. C.....

2-FULL NAME Thomas Henry

(Residence in Baltimore: No. 1305 N Mount St St.; Life yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Infant

6-DATE OF BIRTH, June 10, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

10-NAME OF FATHER. Thos Henry

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Lillie Young.

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W A Daley

(Address) 1122 N Mount St

6.18.1917, 191.. HARRY C. ANDREWS Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1917. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 10 1917, to June 17 1917, that I saw h[illegible] alive on June 18 1917, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Non development

Premature Birth (7½ mo)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. A. Daley M. D.

6.18....., 191.7. (Address) 1122 N Mount St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence June 19 1917

19-PLACE OF BURIAL OR REMOVAL, [redacted] Cem. DATE OF BURIAL, [redacted] 19 191.7

20-UNDERTAKER James H. Dennis ADDRESS [redacted] Pennsylvania Ave

D 6133

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6133

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 714 S. Madeira St. St.: 1 WARD)
2-FULL NAME Stanislaw Ezekalski
Residence in Baltimore: No. 714 S. Madeira St. St.; yrs., mos. ds.)

REGISTERED No. C 151

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 15 (Day) 17 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.
10-NAME OF FATHER, Stanislaw Ezekalski
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER Schroer
13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Stanislaw Ezekalski
(Address) 714 S. Madeira St

JUN 18 1917
Filed ....., 191.. HARRY T. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:
Congenital Debility
(Duration) ....yrs....mos....ds.
CONTRIBUTORY (Secondary) Premature Birth
(Duration) ....yrs....mos....ds.

(Signed) Thomas Ennis Grady (Coroner.) M. D.
6/18, 191.7 (Address) 1610 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rozary — DATE OF BURIAL, June 18, 1917
20-UNDERTAKER William Fratkowski — ADDRESS 1618 Eastern ave

Spec.—5-19-13—M. & T.—500 Pds.

Spec.—5-19-13—M. & T.—500 Bks.

D 6131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 D 6131

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Gorsuch ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Moore

(Residence in Baltimore: No. 1435 Gorsuch ave St.; 50 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) single

6-DATE OF BIRTH, May 8, 1858
(Month) (Day) (Year)

7-AGE, 59 yrs. 1 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Boiler-maker
(b) General nature of industry, business, or establishment in which employed (or employer).....

BIRTHPLACE, (State or Country), England

10-NAME OF FATHER, Thos. Moore

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Dempsey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Moore

(Address) 1435 Gorsuch ave

JUN 18 1917

d....., 191.... Burial Permit Clerk.

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 22 1917, to June 16 1917, that I saw him alive on June 16 1917, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* was as follows:

Intestinal Obstruction

.....

.....

Duration Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Probable malignant growth in the intestines

Duration yrs. mos. ds.

(Signed) Benj. D. Hayden M. D.

June 18, 1917. (Address) 1216 N. Caroline st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem

DATE OF BURIAL, June 18 1917

20-UNDERTAKER Chas R. Evans & Son

ADDRESS 1181 Mt Royal ave

D 6135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 6135

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 8 Fond Du Lac St.: V WARD)

2-FULL NAME Kasper Novak

(Residence in Baltimore: No. 708 S. Wolf St.; 33 yrs., — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, January 3, 1876
(Month) (Day) (Year)

7-AGE, 41 yrs. 0 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Anton Nowak.

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Magyeta Skibinska

13-BIRTHPLACE OF MOTHER (State or Country), Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anton Nowak.

(Address) 708 S. Wolfe St.

15- JUN 18 1917 HARRY C. ANDREWS

15-d....., 191... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest on the Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: (Do not know if accidental or suicidal but think it was accidental.) Drowned (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration).....yrs.....mos.....ds.

(Signed) H. J. Ruby (Coroner.) M. D.

June 18 1917. (Address) 163 76 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus. DATE OF BURIAL, June 19, 1917.

20-UNDERTAKER M. F. Sadowski. ADDRESS 905 S. Ann St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6136

CERTIFICATE OF DEATH

D 6136

1-PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. Linden Ave. + Madison ST.; 16 WARD)

REGISTERED NO. C 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Ida A. Baker

(Residence in Baltimore: No. 1940 Harlem Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. 8, 1849 (Month) (Day) (Year)

7-AGE, 68 yrs. 10 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

BIRTHPLACE, (State or Country), State N. H.

10-NAME OF FATHER, True L. Leighton

11-BIRTHPLACE OF FATHER (State or Country). State of N. H.

12-MAIDEN NAME OF MOTHER Lydia - Unknown

13-BIRTHPLACE OF MOTHER (State or Country), State of N. H.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lenore L. Killins

(Address) 1949 Harlem Ave

IN 181917

d....., 191..... HARRY C. ARTHUR
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 16, (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1917, to June 16 1917, that I saw her alive on June 16 1917, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

Edema of Lungs

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) yrs. mos. 6 ds.

(Signed) B. O'Connor M. D.

6/16, 191.7 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1940 Harlem Ave

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. | DATE OF BURIAL, June 19, 191.7.

20-UNDERTAKER Jos. Cook | ADDRESS 502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 182 W Hamburg ST.; 23 WARD)

REGISTERED No. C 120 D 6137

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Strong

(Residence in Baltimore: No. 182 W Hamburg St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June, 1876
(Month) (Day) (Year)

7-AGE, 41 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): in Bot Factory

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Richard Strong

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Martha Gould

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Gould

(Address) 182 W Hamburg St

JUN 18 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1917, to June 15 1917, that I saw h[illegible] alive on June 15 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) S. H. Keese M. D.

June 16, 191... (Address) 522 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, June 19, 1917.

20-UNDERTAKER John H Toadvine — ADDRESS 142 W Hill St

D 6138

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 D 6138

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 521 N. Pulaski St. 20 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia N. Hart

(Residence in Baltimore: No. 521 N. Pulaski St.; 4 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 75 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Thomas Egan

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Catherine O'Gorman

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Lawrence Smith

(Address) 521 N Pulaski St

15- JUN 18 1917 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 16th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1917 to June 16th 1917

that I saw h[illegible] alive on June 15th 1917

and that death occurred, on the date stated above, at 11:40 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) ..... yrs. 5 mos. ..... ds

Contributory (SECONDARY) Myocardial Insufficiency

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) Ray McClung M. D.

6/18, 1917 (Address) 400 N Payson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: June 19, 1917

20-UNDERTAKER: Jos. Brook — ADDRESS: 100 W Baltimore

D 6139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 D 6139

REGISTERED NO. C .....

PLACE OF DEATH

CITY OF BALTIMORE (No. 209 W. Henrietta St. St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Marie Willion.(C)

(Residence in Baltimore: No. 209 W. Henrietta St. St.: yrs., mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female.	Colored.	Single.

6-DATE OF BIRTH, June 6th. 1917. (Month) (Day) 1 (Year)

7-AGE, ..yrs. --mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Walter Williaon.(C)

11-BIRTHPLACE OF FATHER (State or Country), Dorchester Co,Md.

12-MAIDEN NAME OF MOTHER Pinkey Howard.(C)

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co.Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Pinkey Howard.(C) mother.
(Address) 209 W. Henrietta St.

15- Filed JUN 19 1917, 191.. ROBERT R. KRAUS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18th. 1917. (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital.
(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary)
(Duration) ..yrs. ..mos. ..ds.

(Signed) Otto M Reinhardt M. D.
(Coroner)
June.18.1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Ct	June 20, 1917
20-UNDERTAKER L. E. Brown and Son	ADDRESS 824 N. Howard St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 79 D 6140

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 819 E. Fayette St ST.; 5th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamee Engler

(Residence in Baltimore: No. 819 E. Fayette St St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1 (Year)

7-AGE, 72 yrs. ..... mos. ..... ds. — —

If LESS than 1 day, ... hrs. or .... mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Russia

10-NAME OF FATHER, Abraham Engler

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Leah Abelowitz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levis

(Address) 1411 E. Baltimore St

JUN 19 1917 ROBERT R. KRAUTH

d....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April, 1917, to June 18 1917, that I saw h[illegible] alive on June 18 1917, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. F. Barton M. D.

6/19, 191.7. (Address) 212 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Mt Carmel	6/19, 191.7
20-UNDERTAKER Jack Levis	ADDRESS 1411 E Balto

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6141

CERTIFICATE OF DEATH.

D 6141

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeanette Michelson

(Residence in Baltimore: No. 1812 Moreland Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write this word.) Single

6-DATE OF BIRTH, July 27, 1909 (Month) (Day) (Year)

7-AGE, 7 yrs. 10 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer) " "

BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER Samuel D. Michelson

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Annie Andrews

13-BIRTHPLACE OF MOTHER (State or Country), New York

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel D. Michelson

(Address) 1812 Moreland Ave.

JUN 19 1917 ROBERT B. KRAUTH

d....., 191.... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 1917, to June 18 1917, that I saw her alive on June 18 1917 and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ....yrs. ....mos. 27 ds.

CONTRIBUTORY (Secondary) Intestinal Perforation

(Duration) 2 yrs. mos. 12 hrs

(Signed) Chas. H. Smith M. D.

June 18 191 7 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. 3 mos. ds. In the State 5 yrs. 5 mos. ds.

Where was disease contracted if not at place of death? 1812 Moreland Ave

Former or usual residence 1812 Moreland Ave.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Hebrew Rest

DATE OF BURIAL, 6/19, 191.7

20-UNDERTAKER Jack Levis

ADDRESS 1411 E Balto

D 6142

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 ✓ D 6142

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1217 West Mosher St. 16 Ward)

2-FULL NAME Bertha Dierlinger

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 1217 W. Mosher St.: 61 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem.

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov. 2, 1854 (Month) (Day) (Year)

7-AGE: 62 yrs. 7 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): New York.

PARENTS

10-NAME OF FATHER: Chas. W. Dierlinger

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Christiana Kropf

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Dierlinger

(Address) 1217 West Mosher St.

15- Filed JUN 19 1917 ROBERT R. KRAUT Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 17, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6 - , 1917, to June 17 1917.
that I saw h.r alive on June 16 , 1917.
and that death occurred, on the date stated above, at 6.15a m.
The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy, Paralysis -
Left Side.

(Duration) yrs. 1 mos. 3 ds

Contributory (SECONDARY) Pulmonary Collapse, Heart - muscle progressive weakness -

(Duration) yrs. mos. ds.

(Signed), Jenny Miller M. D.
June 18, 1917 (Address) 108 S. North Ave -

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: BALTIMORE CEMETERY — DATE OF BURIAL: JUN 19 1917

20-UNDERTAKER: ARMSTRONG-DENNY CO. — ADDRESS: 715 Light St. June 19/17

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6143

CERTIFICATE OF DEATH.

79 D 6143

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Division ST.; 17 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Washington

(Residence in Baltimore: No. 1228 Division St. St.: 54 yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, Unknown (Month) (Day) 1847 (Year)

7-AGE, 70 yrs. — mos. — da. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of Industry, business, or establishment in which employed (or employer): at home.

9-BIRTHPLACE, (State or Country), S. A. Co. Md.

10-NAME OF FATHER, John Green

11-BIRTHPLACE OF FATHER (State or Country), S A Co Md

12-MAIDEN NAME OF MOTHER Mary E. Johnson

13-BIRTHPLACE OF MOTHER (State or Country). S. A. Co. Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Brooks

(Address) 1228 Division St.

d....., 191.... ROBERT B. KRAUSE Registrar.

JUN 19 1917

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17th, 1917. (Month) (Day) (Year)

17) I HEREBY CERTIFY, That I attended deceased from June 15 1917, to June 17 1917, that I saw her alive on June 16th 1917, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic

Endocarditis (Duration) — yrs. 2 mos. — da.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) — yrs. 2 mos. — da.

(Signed) Edward E Mackenzie M. D.

June 17, 1917. (Address) 1322 E. Madison St.

*State the DISEASE CAUSING DEATH, or, by deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn	June 19, 1917.
20-UNDERTAKER	ADDRESS
John R Owens	528 Dulaney

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6141

CERTIFICATE OF DEATH.

120 D 6141

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 48 Market Space ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. George Wilson

(Residence in Baltimore: No. 48 Market Space St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Unknown

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
60 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Dept.

(Address)

15- JUN 19 1917 Filed, 191 ROBERT B. KRAUTZ Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. T. Bailey. M. D.

(Coroner)

June 13, 1917 (Address) 1659 Bowdoin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND
Commissioner of Health

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6145 **CERTIFICATE OF DEATH.** 151 D 6145

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Whelan

(Residence in Baltimore: No. University Hospital St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 15, 1917
(Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 1 ds.

If LESS than 1 day, 2 hrs. or 2 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....None....
(b) General nature of industry, business, or establishment in which employed (or employer) ....None....

9-BIRTHPLACE, (State or Country), Maryland.

10-NAME OF FATHER, Edward Peterson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Lucia Whelan

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

JUN 19 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-16 1916, to 6-16 1917, that I saw h[illegible] alive on 6-16 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

1. Congenital Malformation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Premature Birth

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. C. Marino M. D.

6-16, 1917. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND JUN 18 1917 Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6146

CERTIFICATE OF DEATH.

5 152 D 6146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Butler

(Residence in Baltimore: No. 325 Colvin St St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ..., 1 (Month) (Day) (Year)

7-AGE, ...yrs....mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

JUN 19 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit ISSUED

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13 1917, to June 14 1917, that I saw h[illegible] alive on June 14 1917, and that death occurred, on the date stated above, at 12 45 p. m.

The CAUSE OF DEATH* was as follows:

Uterine fibroid Hemorrhage

(Duration) ....yrs....mos. 10 ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs....mos....ds.

(Signed) Henry B. Conrad M. D.

June 15, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos. 2 ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 325 Colvin St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

JOHNS HOPKINS HOSPITAL

Spec.—8-24-14—M. & T.—2000 Bks.

D 6147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 6147

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeremiah P. Stillman

Residence in Baltimore: No. 3208 Abell Ave St.; ....yrs....mos....ds.)

Life Hospital Nurse

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. 28, 1869
(Month) (Day) (Year)

7-AGE, 47 yrs. 8 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Robert Lee Stillman

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Ann Pattison

13-BIRTHPLACE OF MOTHER (State or Country), Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Riell

(Address) Johns Hopkins Hosp.

JUN 19 1917, 191... Burial Permit Given.
ROBERT R. KRAUTZ
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8 1917, to June 17 1917, that I saw h.. alive on June 17 1917, and that death occurred, on the date stated above, at 1145 m.

The CAUSE OF DEATH* was as follows:

Cerebral arteriosclerosis

(Duration) 0 yrs. 7 mos. 0 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) 0 yrs. 0 mos. 4 ds.

(Signed) A. B. Brown Gold M. D.

June 17 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos. 9 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 3208 Abell Ave.

19-PLACE OF BURIAL OR REMOVAL, Green Mount DATE OF BURIAL, June 20 191.7

20-UNDERTAKER John C. Mitchell ADDRESS 300 N. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6148

CERTIFICATE OF DEATH.

41

D 6148

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 1200 Eutaw Place St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John S. Armstrong
(Residence in Baltimore: No. 1200 Eutaw Place St.; 9 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 5, (Month) (Day) 1857 (Year)

7-AGE, 60 yrs. 1 mos. 12 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Banker & Broker
(b) General nature of industry, business, or establishment in which employed (or employer). Private

BIRTHPLACE, (State or Country). Va.

10-NAME OF FATHER, Joseph N. Armstrong

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary E. Corbin

13-BIRTHPLACE OF MOTHER (State or Country) Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah M. Armstrong

(Address) 1200 Eutaw Place

JUN 19 1917

ROBERT R. KRAUTER

....., 191.... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1" 191 6, to June 17 1917, that I saw h[illegible] alive on June 17 191 7, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines (Colon)

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion (Cachexia)

(Duration) yrs. mos. 1 ds.

(Signed) Dr. R. B. Shannon M. D.

June 18, 1917 (Address) 1017 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Fulpepper Va. DATE OF BURIAL, June 20, 1917

20-UNDERTAKER John O. Mitchell ADDRESS 1209 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6149

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6149

CERTIFICATE OF DEATH.

X120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Mitchell

(Usual place of abode in Baltimore: No. Johns Hopkins Hosp St.; ..... yrs., ... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 17, 1875 (Month) (Day) (Year)

7-AGE, 42 yrs. 4 mos. 13 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or estshlishment in which employed (or employer) General

BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Susan Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp

JUN 19 1917, 191.. ROBERT [illegible] Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1917, to June 17 1917, that I saw h.. alive on June 18 1917, and that death occurred, on the date stated above, at 2 40 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial disease

Uraemia (Duration) ..... yrs. 2 mos. 7 ..... ds.

(Signed) Edw. G. Mitchell M. D.

June 17, 191.. 7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence St. Michaels, Md

19-PLACE OF BURIAL OR REMOVAL, St Michaels Md — DATE OF BURIAL, June 19, 191..

20-UNDERTAKER Theodore White — ADDRESS 123 S Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6150

CERTIFICATE OF DEATH.

4152 D 6150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Kennedy Hospital WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Fahrenai

(Residence in Baltimore: No. Kennedy Hospital ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 6 (Month) 18 (Day), 1917 (Year)

7-AGE, 0 yrs. 0 mos. 1 ds. | If LESS than 1 day, 8 hrs. or 0 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None .....

9-BIRTHPLACE, (State or Country), Maryland.

10-NAME OF FATHER, Frank Fahrenai

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Loride Llewellyn

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

JUN 19 1917 ROBERT R. KRAUTER

....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-17 1917, to 6-18 1917, that I saw ~~him~~ alive on 6-18 1917, and that death occurred, on the date stated above, at 6 0 m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S. C. Watkins M. D.

6-18-1917 (Address) Kennedy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem | DATE OF BURIAL, June 20 1917.

20-UNDERTAKER Wm J Dickman & Sons | ADDRESS N Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+120 D 6151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St. 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Lunsford

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..yrs.. 1 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September 5, 1875 (Month) (Day) (Year)

7-AGE, 41 yrs. 9 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE, (State or Country), Va.

10-NAME OF FATHER, Geo. Longest

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Fanny Davis

13-BIRTHPLACE OF MOTHER (State or Country), Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

JUN 19 1917 ROBERT R. KRAUTER

....., 191... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1917, to June 17 1917, that I saw h.. alive on June 17 1917, and that death occurred, on the date stated above, at 11 20 p.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) 4 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 4 ds.

(Signed) Geo. W. Porter M. D.

June 18, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 12 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Bruce Va.

19-PLACE OF BURIAL OR REMOVAL, Tappahannock, Va. DATE OF BURIAL, June 20, 191.

20-UNDERTAKER Fickler & Fickler ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

D 6152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6152

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 Harford ave. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherina Kraus

(Residence in Baltimore: No. 1635 Harford ave. St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH, ..., (Month) ....., (Day) 1 (Year)

7-AGE, 75 Years. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: House

(b) General nature of industry, business, or establishment in which employed (or employer): Duke

9-BIRTHPLACE, (State or Country): Germany.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. McMakunter

(Address) 1635 Harford ave

JUN 19 1917, 191.... ROBERT R. KRAUTER

Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 8 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1917, to June 1917, that I saw h.. alive on June 17 1917, and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis,

Cardiac decompensation

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) M. H. Todd M. D.

....., 191... (Address) 1235 Carlin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, June 20, 191..

20-UNDERTAKER George J. Roth. ADDRESS 735 Harford ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6153

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6153

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3309 Fairview Ave. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

NAME Martha Calloway Graff

(Residence in Baltimore: No. 3309 Fairview Ave St.; 28 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... January (Month) 7th (Day), 1889 (Year)

7-AGE, 28 yrs. 5 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

10-NAME OF FATHER, John Calloway

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ella Wyatt

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John K. Calloway

(Address) 3309 Fairview Ave.

JUN 19 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 18th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1917, to June 18th 1917, that I saw h-e alive on June 17th 1917, and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

.....

.....

..... (Duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) R. C. Dennis M. D.

June 19th, 1917. (Address) 14 East Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cemetery	June 20 1917.
20-UNDERTAKER George J. Smith	ADDRESS 1100 W Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6151

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 D 6151

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 N Kenwood ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Elizabeth Dorsey

(Residence in Baltimore: No. 122 N. Kenwood ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb (Month) ..... (Day) ....., 1848 (Year)

7-AGE, 69 yrs. 4 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

10-NAME OF FATHER, John Canton

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Burke

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Dorsey

(Address) 122 N. Kenwood Ave

JUN 19 1917 191..... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6/17/17 (Month) (Day) ....., 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/7/15 191..., to 6/17/17 191..., that I saw her alive on 3/1/17 191..., and that death occurred, on the date stated above, at 12 00 p.m.

The CAUSE OF DEATH* was as follows:

Arthritis Deformans

(Duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Frederick W Norman M. D.

6/18/17, 191... (Address) 719 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem

DATE OF BURIAL, June 20, 191..

20-UNDERTAKER John A Moran

ADDRESS 300 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 6155

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6155

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Eckart

(Residence in Baltimore: No. In Hospital St.; ....yrs.,....mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, May 13, 1871
(Month) (Day) (Year)

7-AGE, 45 yrs. 11 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seaman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Holland

10-NAME OF FATHER, Henry Eckart

11-BIRTHPLACE OF FATHER (State or Country), Holland

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Holland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

JUN 10 1917 191.....

HARRY C. WM. BREWER
Special Deputy Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1917, to June 19 1917, that I saw h.m alive on June 19 1917, and that death occurred, on the date stated above, at 7.40 a. m.

The CAUSE OF DEATH* was as follows:

a Carcinoma of Rectum

b .....

.....

..... (Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia Broncho

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) A E Rogers M. D.

June 19, 191.7 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1226 S Clinton St

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem

DATE OF BURIAL, June 21, 191.7.

20-UNDERTAKER John Henniger & Co

ADDRESS 2008 Aliceanna

Spec.—8-24-14—M. & T.—2000 Blks.

D 6256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6156

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Grace

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 20, 1856
(Month) (Day) (Year)

7-AGE, 60 yrs. 6 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Va

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known.

12-MAIDEN NAME OF MOTHER Not known.

13-BIRTHPLACE OF MOTHER (State or Country), Not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

JUN 19 1917 191 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1917, to June 19 1917, that I saw her alive on June 19 1917, and that death occurred, on the date stated above, at 8:40 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Influenza

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward A. Smith M. D.

June 19 1917 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State Unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? Chesapeake City Md.

Former or usual residence Chesapeake City Md

PLACE OF BURIAL OR REMOVAL Cedar Hill Cemetery DATE OF BURIAL June 21 1917

UNDERTAKER Bramble & Son ADDRESS 1123 W Lafayette Ave

D 6157

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 6157

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 732 W North Ave ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs. Susan M. Hartman

Residence in Baltimore: No. 732 W. North ave. St.; 33 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	widowed

6 DATE OF BIRTH: June (Month) 18 (Day), 1843 (Year)

7 AGE: 74 yrs. ..... mos. 1 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Home keeping
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Oakland Maryland

PARENTS

10 NAME OF FATHER: James D Armstrong

11 BIRTHPLACE OF FATHER (State or country): Near Oakland Maryland

12 MAIDEN NAME OF MOTHER: Julia A Lamb

13 BIRTHPLACE OF MOTHER (State or country): Oakland Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Damon Armstrong

(Address) Fortberg Md

15 JUN 19 1917 Filed ..... 191 .....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 19 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 17, 1917, to June 19 1917, that I saw h[er] alive on Jun 19, 1917, and that death occurred, on the date stated above, at 11.30a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) Don't Know yrs. ..... mos. ..... ds

Contributory (SECONDARY) Exhaustion

(Duration) — yrs. — mos. — ds.

(Signed) Howard L Silver M. D.

June 19, 1917 (Address) 1904 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	in the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: June 21 1917

20 UNDERTAKER: Geo J Smith — ADDRESS: 1000 W Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6158 D 6158

CERTIFICATE OF DEATH.

150

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Carpenter.

(Residence in Baltimore: No. ..... St.; 0 yrs. 0 Mos. 3 0 Ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 17th, 1917.
(Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 0 ds.

If LESS than 1 day, 5 hrs. 4m 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Josias Carpenter.

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Sarah Clifton.

13-BIRTHPLACE OF MOTHER (State or Country). W. Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)..John W. Harris, M. D.

(Address)....Johns Hopkins Hospital.

N 10511

....., 191.....

HARRY C. ANDREWS
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17th 1917, to June 17th 1917, that I saw h in alive on June 17th 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

a Congenital Heart Disease.

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) John W. Harris M. D.

June 18th 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Holly Junction W Va | DATE OF BURIAL, June 18, 1917.

20-UNDERTAKER Elliott C Fuller | ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 6159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 6159

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Poplar Grove ST.; 15 WARD)

2-FULL NAME Henry Joseph Schramm

(Residence in Baltimore: No. 1700 Poplar Grove St.; 1 yrs., 2 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, August (Month) 12 (Day) —, 1861. (Year)

7-AGE, 55 yrs. 10 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Contractor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Charles Schramm

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Salome Burkhardt

13-BIRTHPLACE OF MOTHER (State or Country), France

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Madeline Schramm

(Address) 1700 Poplar Grove St.

....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 17— (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13 1917, to June 17 1917, that I saw h in alive on June 13 1917, and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

D. (Duration) yrs. mos. ds.

(Signed) Paul Brown M. D.

June 18., 191.7 (Address) 1827 Penna Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemy

DATE OF BURIAL, June 20., 191.7

20-UNDERTAKER Albert E Fuller

ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6160

CERTIFICATE OF DEATH.

50 D 6160

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp ST.: 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Owens

(Residence in Baltimore: No. 502 Prestman St. St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June 17th (Month) (Day) 1867 (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Home

9-BIRTHPLACE, (State or Country) Dont Know

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Bertha Gross

(Address) 52 Prestman

JUN 19 1917 HARRY C. ANDREWS

....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1917, to June 17 1917, that I saw her alive on June 17 1917, and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Toxemia following Diabetic gangrene

(Duration) yrs. mos. 40 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. W. Johnson M. D.

6/17, 191.. (Address) Md. Gen Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 502 Prestman St

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn

DATE OF BURIAL, June 21st, 1917

20-UNDERTAKER Thomas E. Wright

ADDRESS 364 Carey

D 6161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

769 D 6161

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Jones Falls & Cedar ave Hudgins ST.: 4th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Dickerson

3-Residence in Baltimore: No. 2043 Harwood Ave (St.; yrs., 8 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored	Single

6-DATE OF BIRTH, April 21, 1909
(Month) (Day) (Year)

7-AGE, 8 yrs. 2 mos. ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Wm A. Dickerson

11-BIRTHPLACE OF FATHER (State or Country), St Marys Co Md

12-MAIDEN NAME OF MOTHER, Jessie J. Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm A. Dickerson

(Address) 2043 Harwood Ave

15-JUN 1917 Filed....., 191...

HARRY C. ROBERTS
Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental

Drowning

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) John Thorne M. D.
(Coroner.)

June 17, 191.. (Address) 3532 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	June 20, 1917

20-UNDERTAKER Hamme & Enright ADDRESS 136 Mary

S. A. FE

O. D. A. K

Spec.—8-24-14—M. & T.—2000 Blks.

D 6162

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6162

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 N Gay ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton Meyers

Residence in Baltimore: No. 435 N Gay St.; 58 yrs., 8 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 3 (Day), 1838 (Year)

7-AGE, 58 yrs. 8 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dry Good Merch
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Philip Meyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Betty Lobe

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sydney Hamburger

(Address) 1 Marlborough apts

JUN 19 1917

d....., 191.... HARRY O. ANDREWS

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1916, to June 18 1917, that I saw him alive on June 18 1917, and that death occurred, on the date stated above, at 4 25 m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 7 yrs. — mos. — ds.

(Signed) Louis P. Hamburger M. D.

June 19, 1917 (Address) 1207 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balty Hebrew Cy

DATE OF BURIAL, 6/20, 1917

20-UNDERTAKER J. A. Kreuscher Co

ADDRESS 1611 Mad

Spec.—8-24-14—M. & T.—2000 Bks.

D 6163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 6163

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2446 Woodbrook ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. Leligman.

(Residence in Baltimore: No. 2446 Woodbrook St.; life yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) married

6-DATE OF BIRTH. Sept 8, 1849
(Month) (Day) (Year)

7-AGE. 67 yrs. 9 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Accountant
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country) Balto Md.

10-NAME OF FATHER Leopold Leligman

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Ina Jordan

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Seligman

(Address) 2446 Woodbrook Ave

JUN 1917 HARRY O. ANDREWS
....., 191.... Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 17 1917, to June 18 1917, that I saw h— alive on June 18 1917, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O. K. Lord M. D.

June 17, 191.. (Address) 2505 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Shel Sholom Cem. DATE OF BURIAL, 6/20, 1917.

20-UNDERTAKER Jahrens Co ADDRESS 614 Main

D 6161

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

D 6161

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 S. Ducker Ave ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josefa Bialozenska

Residence in Baltimore: No. 809 S. Ducker Ave St.; 25 yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: May (Month) 8th (Day), 1844 (Year)

7-AGE: 73 yrs. 1 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE (State or country): Germany

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Paknloski

(Address) 809 S. Ducker Ave

JUN 19 1917 ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 17 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15, 191.., to, June 17 191.., that I saw h.r alive on June 17 191.., and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 4 1/2 yrs ..... mos ..... ds.

Contributory (SECONDARY) Chronic Congestion of Lungs (Duration) ..... yrs ..... mos. 4 ds.

(Signed), Edward Kelly (M. D.

....., 191.. [Address] 116 S Kenwood Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Stanislaus

DATE OF BURIAL: June 20th, 191..

20-UNDERTAKER: Stephen J. Fialkowski

ADDRESS: 1019 S. Kenwood Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6165

CERTIFICATE OF DEATH.

10M D. 6165

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 N. Schroeder ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin Rose

(Residence in Baltimore: No. 113 N. Gilmor St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, January, 1 (Month) (Day) (Year)

7-AGE, 1 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto Md

10-NAME OF FATHER, John Rose

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Margaret Meyer

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. H. Haddock MD

(Address) 117 N. Carrollton Ave

JUN 20 1917 ROBERT B. KRAUTZ

....., 191.... Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 1917, to June 18 1917, that I saw him alive on June 18 1917 and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Colitis

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) H. H. Haddock M. D.

June 18, 1917. (Address) 117 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, June 20 1917

20-UNDERTAKER James H. Dennis

ADDRESS 1305 Preston

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6166

CERTIFICATE OF DEATH.

41

REGISTERED NO. C D 6166

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 E Lombard St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Solomon Kadis

(Residence in Baltimore: No. 1017 E Lombard St.; 9 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 5 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fruit Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Self

BIRTHPLACE, (State or Country), Russia

10-NAME OF FATHER, Sam Kadis

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sam Kadis

(Address) 1017 E Lombard St

JUN 20 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 19, 1917, to June 19 1917, that I saw h[illegible] alive on June 19 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Duodenal cancer

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Cardiac & Respiratory Paralysis

(Duration)....yrs....mos....ds.

(Signed) P. Wallenstein M. D.

June 19, 1917. (Address) 6 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1017 E Lombard St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Clair Rd

DATE OF BURIAL, June [illegible], 191.

20-UNDERTAKER S. Levinson & Bro

ADDRESS 708 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6167

CERTIFICATE OF DEATH.

109 D 6167

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 907 Cathedral St ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Robinson

(Residence in Baltimore: No. 804 N. Franklin St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE. Black | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) June (Day) 1 (Year) .....

7-AGE, 67 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Private family

9-BIRTHPLACE, (State or Country), Virginia

10-NAME OF FATHER, Peter Montague

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Peter Montague

(Address) ..... 804 N Franklin

JUN 20 1917 ..... 191.. ROBERT R. KRAUSE Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 18 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14 1917, to June 18 1917, that I saw her alive on June 18 1917, and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion and Intestinal Obstruction

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) General Debility

Error in Diet (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Montague M. D.

June 18, 191.. (Address) 804 N. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Cemetery	June 20, 191..
20-UNDERTAKER John F. Conners	ADDRESS 535 Baltimore

Wester Savage

6168

HEALTH DEPARTMENT—CITY OF BALTIMORE

(4311) CERTIFICATE OF DEATH.

91 D 6168

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1311 Penn. Ave. ST.; 17 WARD)
REGISTERED No. C.....

2-FULL NAME Wester Savage

(Residence in Baltimore: No. 1311 Penn. Ave. St.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, June (Month) 19 (Day), 1916 (Year)

7-AGE, 1 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm Savage

11-BIRTHPLACE OF FATHER (State or Country), Md., Am. Co

12-MAIDEN NAME OF MOTHER Effie Curtis

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1311 Penn Ave

JUN 20 1917

Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubercular Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) H. Mathison (Coroner.) M. D.

191.., (Address) 8 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State 8 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Leeds Town Md. DATE OF BURIAL, June 20, 1917

20-UNDERTAKER Samuel J. Homeley ADDRESS 578 Biddle St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6169

CERTIFICATE OF DEATH.

47 ✓ D 6169

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen. Hosp. St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellicott Bundy

(Residence in Baltimore: No. 827 Linden Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Single

6-DATE OF BIRTH, Dec 6 (Month) (Day) 1909 (Year)

7-AGE, 7 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child.
(b) General nature of industry, business, or establishment in which employed (or employer): ~~00~~

9-BIRTHPLACE, (State or Country), Westmoreland Co Va

10-NAME OF FATHER, Charles A Bundy

11-BIRTHPLACE OF FATHER (State or Country) Westmoreland Co Va

12-MAIDEN NAME OF MOTHER Minnie Quarles

13-BIRTHPLACE OF MOTHER (State or Country), Westmoreland Co Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles A Bundy

(Address) 827 Linden Ave

JUN 20 1917 ROBERT R. KRAUTER

....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 1917, to June 20 1917, that I saw h[illegible]live on June 19 1917, and that death occurred, on the date stated above, at 11.15 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. Johnson M. D.

6/20, 191.7 (Address) Md Gen Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 827 Linden Ave

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem

DATE OF BURIAL. June 20 1917

20-UNDERTAKER Samuel J Kennedy

ADDRESS 578 N Eddy

D 6170

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 D 6170

1 PLACE OF DEATH Johns Hopkins Hospital — REGISTERED NO. C.....

CITY OF BALTIMORE: (No..... ST.: 18 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Green

Residence in Baltimore: No. 815 Hollins Street St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March (Month) ..... (Day) 1885 (Year)

7-AGE: 32 yrs. 3 mos. — ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer): 039

9-BIRTHPLACE (State or country): Russia

10-NAME OF FATHER: Geo Mikolitis

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Eva Wenous

13-BIRTHPLACE OF MOTHER (State or country): Russia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Peter Green

(Address) 815 Hollins St.

N 201917 ROBERT R. KRAUTH

....191.... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 18 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1917, to, June 18 1917, that I saw h[er] alive on June 18 1917, and that death occurred, on the date stated above, at 11.04 P. m.

The CAUSE OF DEATH* was as follows:

(Autopsy permitted)

Broncho-pneumonia

(Duration) ....yrs. mos. 1 ds.

Contributory (SECONDARY) Mental depression - malnutrition

Lost 40 lbs weight (Duration) — yrs. 2 mos. ....ds.

(Signed), Augusta Dent M. D.

June 19 1917. [Address] J. Hopkins Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 0 yrs. 0 mos. 3 ds. In the State 10 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence 815 Hollins St

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: June 21 1917

20-UNDERTAKER: John Grabianowski — ADDRESS: 425 S. Paca St.

Spec.—8-24-14—M. & T.—2000 Bks.

Alvina B Stevens

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6171.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hospital for Women of Maryland REGISTERED NO. C

CITY OF BALTIMORE: (No. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Alvina B. Stevens

Residence in Baltimore: No. 1320 McCulloh St.; 75 yrs., 4 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, January 25, 1842 (Month) (Day) (Year)

7-AGE, 75 yrs. 4 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none Accidental
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Alex. J. Boulden

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Arianna Sollers

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Bright Dorsey M.D.

(Address) Women's Hosp.

JUN 20 1917

....., 191... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1917, to June 19 1917, that I saw her alive on June 19 1917, and that death occurred, on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:

Accidental Fracture of neck of right femur & Left Hemiplegia

..... (Duration)...yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

..... (Duration).....yrs.....mos. 3 ds.

(Signed) C. H. Burton M. D.

June 19, 1917 (Address) Women's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 14 ds. In the State 75 yrs. 4 mos. 20 ds.

Where was disease contracted, if not at place of death? 1721 Madison Ave

Former or usual residence 1221 Madison Ave

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cem. DATE OF BURIAL, June 21, 1917.

20-UNDERTAKER Stewart Mortuary Co ADDRESS 108 W. Mt. Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6172

CERTIFICATE OF DEATH

180 D 6172

1-PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bay

(Residence in Baltimore: No. 643 Fleet St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, March 25 (Month) (Day) 1852 (Year)

7-AGE, 65 yrs. 2 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)..... 086

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address).....

JUN 20 1917

ed....., 191.... ROBERT P. KRAUTZ, M.D. Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-17- 1917, to 6-18- 1917, that I saw him alive on June 18 1917, and that death occurred, on the date stated above, at 5:15 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
aged Chronic Interstitial
nephritis (Duration) yrs. 5 mos. 21 ds.
CONTRIBUTORY (Secondary) Cardiac Failure
(Duration) yrs. — mos. — ds.

(Signed) Chas L. Vogel M. D.

6-18-, 1917. (Address) U.S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. / ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 643 Fleet St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	June 20, 1917
20-UNDERTAKER Joseph A. Farrell	ADDRESS 2314 Dundalk

D 6173 HEALTH DEPARTMENT--CITY OF BALTIMORE D 6173

CERTIFICATE OF DEATH

28

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2318 Ashland Ave ST. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2 FULL NAME Thomas M Stokes

(Residence in Baltimore: No. 2318 Ashland Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Married

6 DATE OF BIRTH September 8, 1870 (Month) (Day) (Year)

7 AGE 46 yrs. 9 mos. 10 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) General

9 BIRTHPLACE (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thomas A Stokes

11 BIRTHPLACE OF FATHER (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Catherine Burke

13 BIRTHPLACE OF MOTHER (State or country) Canada

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Grace Stokes

(Address) 2318 Ashland Ave

15 JUN 20 1917 Filed ..... 19 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 18th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December, 1916 to June 18 1917.
that I saw h.. alive on June 17th 1917.
and that death occurred, on the date stated above, at 11 A m.
The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

..... (Duration) 1 yrs. 2 mos. ..... ds

Contributory (SECONDARY) Exhaustion

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) O. E Jolly M. D.

June 18, 1917 (Address) 720 E Hunt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL New Cathedral Cem | DATE OF BURIAL June 21st, 1917

20 UNDERTAKER Geo M. Fink | ADDRESS 811 N Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

D 6174

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6174

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2706 Harlem Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydia W. Harrison

(Residence in Baltimore: No. 2706 Harlem Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 5 1879
(Month) (Day) (Year)

7-AGE, 39 yrs. 9 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, Wallis Halcyomple

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susan Bauer

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Bauer

(Address) 220 Harlem Ave

JUN 20 1917 ROBERT P. KRAUTH

....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 1916, to June 19 1917, that I saw h[illegible] alive on June 18 1917, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

Laryngeal

(Duration) Several years yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, June 20, 1917

20-UNDERTAKER W. J. Fichtner & Son — ADDRESS Lemmon Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6175

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

8 D 6175

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 N. Wolfe ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Barnes

(Residence in Baltimore: No. 531 N. Wolfe St. St.; ...yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November (Month) 9 (Day), 1916 (Year)

7-AGE, 8 yrs. 8 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore Md.

10-NAME OF FATHER, Wade H. Barnes

11-BIRTHPLACE OF FATHER (State or Country), Northumberland Co. Md

12-MAIDEN NAME OF MOTHER Catherine S. Long

13-BIRTHPLACE OF MOTHER (State or Country), St. Mary's Co. Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Walter Barnes.....

(Address)..531 N. Wolfe st.....

JUN 20 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1917, to June 19 1917, that I saw him alive on June 19 1917, and that death occurred, on the date stated above, at 6.10 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

3 days.

(Duration)...yrs...mos....ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration)...yrs...mos. 10 ds.

(Signed) Grant J. Ayd M. D.

June 19, 1917. (Address) 1937 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, June 22, 1917.

20-UNDERTAKER Wm. J. Schaeffer & Son

ADDRESS 1816 Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 6176 ✓ 39 D 6176

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Fridley

(Residence in Baltimore: No. 603 N St Sparrows Point St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, Aug 15 1912
(Month) (Day) (Year)

7-AGE, 4 yrs. 10 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Robt. E. Fridley

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Nettie Duckett

13-BIRTHPLACE OF MOTHER (State or Country), Md

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

Filed JUN 20 1917 191.... ROBERT T. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29 1917, to June 19 1917, that I saw h.r alive on June 19 1917, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Sarcoma tonsil metastasing to hard palate, orbit and bones of nose on rt side

Duration..... (Duration).....yrs. 5 mos.....ds.

CONTRIBUTORY (Secondary) Cachexia, emaciation

..... (Duration).....yrs.....mos. 21 ds.

(Signed) J. Julian Chisolm M. D.

June 20, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 7 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 603 N St Sparrows Point

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury Cem	June 21 1917
20-UNDERTAKER Sam'l. Chase & Son	ADDRESS 1400 Madison

D 6177.

Towers

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6177.

REGISTERED No. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST. 24 WARD)
2-FULL NAME John Towers
(Residence in Baltimore: No. 136 E. Fitting St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

59 yrs., 9 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single
6-DATE OF BIRTH: August (Month) 23 (Day), 1857 (Year)
7-AGE: 59 yrs. 9 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?
8-OCCUPATION: (a) Trade, profession, or particular kind of work: Nothing
(b) General nature of industry, business, or establishment in which employed (or employer): None
9-BIRTHPLACE, (State or Country): Balto- Md

PARENTS.

10-NAME OF FATHER: W. H. Towers
11-BIRTHPLACE OF FATHER (State or Country): Md.
12-MAIDEN NAME OF MOTHER: ? Hazlett
13-BIRTHPLACE OF MOTHER (State or Country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) G. A. Towers
(Address) 2850 A. Fork

ROBERT R. KRAUTZ
Filed. JUN 20 1917
Burial Permit Clerk 191
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy
Fracture Cervical Vertebrae
(Duration) 5 mos. ... ds.
CONTRIBUTORY (Secondary) Epileptic attack
(Duration) ... yrs. ... mos. ... ds.

(Signed) W. J. Billy (Coroner.) M. D.
June 19, 1917 (Address) 1617 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem.
DATE OF BURIAL, 6/21, 1917
20-UNDERTAKER J. Fen McCully
ADDRESS 130 E. Fortin

Spec.—8-24-14—M. & T.—2000 Blks.

D 6178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 6178

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2139 Harford ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME S. Elizabeth Attinson

(Residence in Baltimore: No. 2139 Harford Ave St.; ..... yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... May ....., 1850
(Month) (Day) (Year)

7-AGE, 67 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Israel Attinson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary J. Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Spencer

(Address) 2139 Harford Ave.

BERT R. KRAUTER ..... 191..... JUN 20 1917

Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June ....., 19 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 191 7, to June 18 191 7, that I saw h[er] alive on June 18 191 7, and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows:

Aortic Incompetency

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

(Signed) Stonewall Mikelson M. D.

6/19, 1917. (Address) 1609 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, June 21 191 7

20-UNDERTAKER Wm Cook

ADDRESS 502 E. Fayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6179

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6179

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 Wilcox ST.; 10 WARD) REGISTERED No. C .....

2-FULL NAME Mary A. Goldrick

(Residence in Baltimore: No. 1037 Wilcox St.; 40 yrs., 4 mos. 1 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, February (Month) 17 (Day) 1877 (Year)

7-AGE, 40 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): (37)

9-BIRTHPLACE, (State or Country): Balto - md

10-NAME OF FATHER, Michael McIntyre

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Jane Amoss

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Joseph A. Goldrick

(Address) 1037 Wilcox St.

N 20191 7

....., 191.... HARRY C. ANDREWS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1917, to June 18 1917, that I saw h.. alive on June 13 1917, and that death occurred, on the date stated above, at 10 45 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 1 year mos. ds.

CONTRIBUTORY (Secondary) Acute Rheumatism

(Duration) mos. ds.

(Signed) John A. Witherell M. D.

June 18, 191.. (Address) 936 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cemetery — DATE OF BURIAL, June 21, 1917

20-UNDERTAKER Henry Adrock Son — ADDRESS 1301 E Eager St

D 6180

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 6180

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1443 East Eden St.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Fiana V. Burgan

(Residence in Baltimore: No. 1443 East Eden St.; 20 yrs. 10 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: August (Month) 15 (Day) 1896 (Year)

7-AGE: 20 yrs. 10 mos. 5 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Worked in office
(b) General nature of industry, business, or establishment in which employed (or employer): Baltimore Pure

9-BIRTHPLACE (State or country): Baltimore Md

10-NAME OF FATHER: Edward Burgan

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Anna Scully

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs. Fiana Burgan

(Address): 1443 East Eden St

JUN 20 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 1, 1917, to, June 18 1917, that I saw h.... alive on June 18 1917, and that death occurred, on the date stated above, at 1130 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 4 mos

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs ..... mos ..... ds.

(Signed) Hermann Weltmer M. D.

June 18 1917 (Address) 1618 Gorsuch ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: June 22nd, 1917

20-UNDERTAKER: Henry Hoeck & Son

ADDRESS: 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6181

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6181

116

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Johns Hopkins Hos. ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolph Faber

(Residence in Baltimore: No. 1 month 6 days in Hospital St.; — yrs., — 1 mos. — 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 38 yrs. 5 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer): 003

9-BIRTHPLACE, (State or Country): Germany

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. A. Sibley

(Address) Johns Hopkins Hospital

....., 191.... HARRY C. ANDREWS

Burial Permit Issued by Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 20 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1917, to June 20 1917, that I saw him alive on June 20 1917, and that death occurred, on the date stated above, at 5 03 A-M m.

The CAUSE OF DEATH* was as follows:

Rupture of stomach at site of ulceration in neighborhood of tumor of spleen

(Duration) 1 yrs. 0 mos. ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) 2 weeks yrs. mos. ds.

(Signed) C. H. Bloomfield M. D.

June 20, 1917. (Address) Johns Hopkins Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 1 mos. 6 ds. In the State 6 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1

Former or usual residence Brunswick Ga.

19-PLACE OF BURIAL OR REMOVAL, Brunswick Ga. DATE OF BURIAL, ..., 191...

20-UNDERTAKER Chas E. Franck ADDRESS 802 Madison Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 6182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41

D 6182

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 H. Lemmon General Hospital ST.; 17 WARD)

REGISTERED NO. C

2-FULL NAME George F. Hinkelmann

(Residence in Baltimore: No. 710 Dolphin St St.; 69 yrs. 1 mos. 29 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, April 20th (Month) (Day) 1848 (Year)

7-AGE, 69 yrs. 1 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Glazier
(b) General nature of industry, business, or establishment in which employed (or employer) Box Factory

9-BIRTHPLACE, (State or Country), Balto Md

10-NAME OF FATHER, Wm Hinkelmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophie Stroge

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Ellen Hinkelmann

(Address) 710 Dolphin St

N 201917

....., 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22 — 1917, to June 19 — 1917, that I saw h[illegible] alive on June 16 — 1917, and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John A Lange M. D.

191... (Address) 101 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 27 ds. In the State 69 yrs. mos. ds.

Where was disease contracted, if not at place of death? 710 Dolphin St

Former or usual residence 710 Dolphin St Balto Md.

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cemt DATE OF BURIAL, June 21st 191.7

20-UNDERTAKER Leland Bros ADDRESS 1737 W Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 6183

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Bennett Place ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry John Kaufmann

(Residence in Baltimore: No. 911 Bennett Place St.; 62 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (Write the word.) Mar.

6-DATE OF BIRTH, ...Jan... (Month) 26 (Day), 1842 (Year)

7-AGE, 75 yrs. 4 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Cutter Designer

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant Tailor 880

9-BIRTHPLACE, State or Country), Germany

10-NAME OF FATHER, Henry Kaufmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Gerber

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theo W. Kaufmann

(Address) 1317 Eutaw Place

JUN 20 1917 HARRY O. ANDREWS

....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15th 1917, to June 19th 1917, that I saw h... alive on June 19th 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows: Acute Dilatation of Heart

..... (Duration) Several Hours.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

June 20th, 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cemt. DATE OF BURIAL, June 22nd, 1917.

20-UNDERTAKER Eutaw Place ADDRESS 1723 W. Lafayette Ave

D 6181

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

105

D 6181

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 262 Calvin ST. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hugo Gross

(Residence in Baltimore: No. 262 Calvin St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 34 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Hugo Gross

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Elzith Isaacs

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wife Mary Gross
(Address) 262 Colvin St

15. Filed JUN 20 1917 19.. HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 19, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 18, 1917, to June 19 1917, that I saw him alive on ..... 19.., and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

..... (Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. J. Kreidler M. D.

June 20, 1917 (Address) 718 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Laural Cem. DATE OF BURIAL: June 21, 1917

20-UNDERTAKER: Mrs R A Elliott ADDRESS: 5-06 E Eastern

D 6185

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1920 D 6185

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1713 Laurens ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Wrenn

(Residence in Baltimore: No. 1713 Laurens St St.: Life Time yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec 29, 1881 (Month) (Day) (Year)

7-AGE: 35 yrs. 5 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House wife 037
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Wm Reuschling

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Biebelhein

13-BIRTHPLACE OF MOTHER (State or country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank B Wrenn

(Address) 1713 Laurens St

15. JUN 20 1917 Filed ..... 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 18, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 26, 1917, to June 18 1917, that I saw h[illegible] alive on June 18, 1917, and that death occurred, on the date stated above, at 8.35 P m.

The CAUSE OF DEATH* was as follows:

Septicemia

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Septicemia (Chronic)

(Duration) ..... yrs. 5 mos. 6 ds.

(Signed) J Thomas Nelson M. D.

June 19, 1917 (Address) 1001 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: June 21, 1917

20-UNDERTAKER: W M Routson

ADDRESS: 230 N Greene

Spec.—8-24-14—M. & T.—2000 Blks.

D 6186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 6186

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 William St. ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth A. Summers

(Residence in Baltimore: No. 1412 William St. St. 38 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Widow

6-DATE OF BIRTH, ... Sept. (Month) ..... 19 (Day), 1857 (Year)

7-AGE, ...59.... yrs. ....9.... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of Industry, business, or establishment in which employed (or employer): At Home 037

9-BIRTHPLACE, (State or Country): Maryland

10-NAME OF FATHER, James Peregoy

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER: Josephine Cock

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. A. Melvin

(Address) 1412 William St.

M 20 1917, 191..... HARRY C. ANDREWS Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) ..... 19 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 28 1916, to June 19 1917, that I saw her alive on June 19 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and chronic interstitial nephritis

..... (Duration) ..... not known yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemiplegia left side (Duration) ..... yrs. 9 mos. ..... ds.

(Signed) Wm. Stifler M. D.

6/19, 1917. (Address) 1319 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: June 21, 1917

20-UNDERTAKER: Wm. C. Black

ADDRESS: 927 N. Broadway,

Spec.—8-24-14—M. & T.—2000 Bks.

D 6187.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

D 6187.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2418 Buchanan ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Lee

(Residence in Baltimore: No. 2418 Buchanan St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, col

5-SINGLE, MARRIED, WIDOW(ED), OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 9 (Day), 1895 (Year)

7-AGE, 18 yrs. 11 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, David Jeffries

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Martha Tilghman

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Jeffries

(Address) 435 E Fayette

UN 201917, 191.... HARRY C. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 18th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Febry 1917, to June 18th 1917, that I saw h[illegible] alive on June 18. 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Pearce M. D.

June 19. 191... (Address) 2105 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, June 21, 1917

20-UNDERTAKER [illegible] — ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6188 — 43 — D 6188

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Chestnut Hill Ave WARD) 9

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine R. Moran

(Residence in Baltimore: No. 507 Chestnut Hill Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 31, 1878 (Month) (Day) (Year)

7-AGE, 39 yrs. 2 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... wife 037

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, James Ligney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Burns

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. H. Moran

(Address) 507 Chestnut Hill Ave

JUN 20 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 18 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1916, to June 18 1917, that I saw h[illegible] alive on June 18 1917, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John Egan M. D.

6/20, 191.7 (Address) 502 Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Cathedral — DATE OF BURIAL, June 21, 191.7

20-UNDERTAKER J. C. Wiedefeld — ADDRESS 814 Cathedral St

501 Franklin St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6189 HEALTH DEPARTMENT—CITY OF BALTIMORE D 6189

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry A. Tucker

(Residence in Baltimore: No. [illegible] St.; yrs., mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 9, 1840. (Month) (Day) (Year)

7-AGE, 77 yrs. 1 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 086

9-BIRTHPLACE, State or Country), Md.

10-NAME OF FATHER, Benjamin Tucker

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary E. Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. A. Tucker

(Address) 829 W. Mulberry St

JUN 20 1917 191.... HARRY C. ANDREWS Burial Permit Issuing Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 20, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25 1917, to June 20 1917, that I saw him alive on June 20 1917, and that death occurred, on the date stated above, at 12.45 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) not known yrs. mos. ds.

(Signed) Frank C. Harris M. D.

June 20, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 25 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence Emmorton Md

19-PLACE OF BURIAL OR REMOVAL, Mt Calvary C. A. & C. | DATE OF BURIAL, June 22 1917.

20-UNDERTAKER Geo W Little | ADDRESS 531 N Fremont

a

Spec.—8-24-14—M. & T.—2000 Bks.

D 6190

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6190

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 847 Hollington, St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry G. McCauley

(Residence in Baltimore: No. 847 Hollington Ave. St.; 51 yrs., — mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 17, 1866
(Month) (Day) (Year)

7-AGE, 51 yrs. — mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Machinist 031
(b) General nature of industry, business, or establishment in which employed (or employer) Crown Cork & Seal Co.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

10-NAME OF FATHER, Horace D. McCauley

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rebecca —

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Helen R. Hilmer

(Address) 847 Hollington Ave.

N 201917

....., 191.. HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 20th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 8 1917, to June 20 1917, that I saw h.m alive on June 19 1917, and that death occurred, on the date stated above, at 2-30 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Tubercular Myocarditis & Pneumonitis (Duration) yrs. mos. 4 ds.

(Signed) A. O'Malley M. D.

June 191.7. (Address) 3549 Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, June 22, 191.7.

20-UNDERTAKER Horace Burgee & Son — ADDRESS 363 Halls Road

Spec.—8-24-14—M. & T.—2000 Bks.

D 6191.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6191

CERTIFICATE OF DEATH.

138

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 10 St., or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Viola Washington

(Residence in Baltimore: No. 810 Small St. St.; 23 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Unknown ..... 1 ..... (Month) (Day) (Year)

7-AGE, 23 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, State or Country), Md.

10-NAME OF FATHER, Robert Brown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Lina Brown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... John W. Harris M. D.

(Address)..... Johns Hopkins Hospital

HARRY [illegible]

JUN 20 1917, 191..... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 18th (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 18th 1917, to June 18th 1917, that I saw her alive on June 18th 1917, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

..... Puerperal Eclampsia.....

.....

..... (Duration) ..... yrs. ..... mos. ..... 1 ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... John W. Harris ..... M. D.

June 18th, 191 7. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 810 Small St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, June 21, 1917.

20-UNDERTAKER Charles B Jones — ADDRESS 235 Pine St

D 6192

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. C 579

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1231 Mulliken ST.; 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie Grimes

(Residence in Baltimore: No. 1231 Mulliken St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: ..... (Month) October (Day) 1 (Year)

7 AGE: 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Benjamin Weems

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Martha Weems

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Grimes

(Address) 1231 Mulliken St

15 JUN 21 1917 191 ROBERT R. KRAUSE Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 18 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March, 1917, to June 18 1917, that I saw h alive on June 17, 1917, and that death occurred, on the date stated above, at 9.20 m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

4 mos (Duration) yrs. 4 mos. ds

Contributory (SECONDARY) Cardiac Dropsy

3 mo (Duration) yrs. 3 mos. ds.

(Signed) Edward Fisher M. D.

June 18, 1917. (Address) 1612 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Asbury Cemetery | DATE OF BURIAL: June 20, 1917

20 UNDERTAKER: Chas. H. Johnson | ADDRESS: 746 N Carolina

D 6193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1917 D 6193

PLACE OF DEATH Edmd. Patterson Estate

REGISTERED NO. C.....

CITY OF BALTIMORE (No. Exeter Hall Ave West of Taylor St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Unknown Infant,

(Residence in Baltimore: No. ..... St.; yrs.,. mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mat

4-COLOR OR RACE, Wh

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Jun 1, (Month) (Day) (Year)

7-AGE, 0 Years 1 hour

If LESS than 1 day, ...hrs. or....min.?

.....yrs.....mos.....ds.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

Filed JUN 21 1917 191.... ROBERT R. KRAUTH, Registrar.

#463 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 1, 191 7
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation, Cord Around neck.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Homicide

(Duration).....yrs.....mos.....ds.

(Signed) H. R. Duffy M. D. (Coroner.)

6-14-, 191.. (Address) 11 E. Lex St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, JUN 20 1917
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND.

6194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 6194

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 937 S. Howard St. ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B. Springs. (C)

(Residence in Baltimore: No. 937 S. Howard St. St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married.

6-DATE OF BIRTH, February 28th. 1882. (Month) (Day) (Year)

7-AGE, 35 yrs. 3 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), South Carolina.

PARENTS.

10-NAME OF FATHER, George Springs. (C)

11-BIRTHPLACE OF FATHER (State or Country), South Carolina.

12-MAIDEN NAME OF MOTHER Matilda.--------(C)

13-BIRTHPLACE OF MOTHER (State or Country), South Carolina.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Springs. (C) wife.

(Address) 937 S. Howard St.

Rec'd JUN 21 1917, 191.. ROBERT R. KRAUSE

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14th. 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Bernhard (Coroner.) M. D.

June 19, 1917 (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 19....

20-UNDERTAKER ADDRESS

Spec.—8-24-14—M. & T.—2000 Blks.

D 6195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

68

D 6195

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 W. Lanvale ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Warren S. Samples

Residence in Baltimore: No. 1639 W. Lanvale St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1862
(Month) (Day) (Year)

7-AGE, 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, State or Country), Penna.

10-NAME OF FATHER, Geo Cooper

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Warren Semple

(Address) Washington D C

JUN 21 1917 ROBERT R. KRAUTER

....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15, 1917, to June 19 1917, that I saw h er alive on June 19 1917, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation
2 hours
(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Stramotosis ?
(Duration) unknown yrs. .....mos. .....ds.

(Signed) Samuel D. Shannon M. D.

June 19 1917. (Address) 700 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lud Park

DATE OF BURIAL, June 20, 1917.

20-UNDERTAKER W. H. Richmond

ADDRESS Penna Ave & Fulton

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6196

CERTIFICATE OF DEATH.

D 6196

REGISTERED NO. C 79 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2322 N. Stocton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Carter

Residence in Baltimore: No. 2322 N. Stocton St.; 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December (Month) (Day) 1860 (Year)

7-AGE, 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Porter
(b) General nature of industry, business, or establishment in which employed (or employer). Grocery Store

9-BIRTHPLACE, (State or Country), W. Va.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country). not known

12-MAIDEN NAME OF MOTHER Maria Carter.

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Carter

(Address) 2322 N. Stocton St

JUN 21 1917, 191.. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18th, 1917. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 16 1917, to June 18 1917, that I saw him alive on June 17th 1917, and that death occurred, on the date stated above, at 3P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation of Heart (Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Harry T. Brown M. D.

June 20, 1917. (Address) 1501 Eastman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, June 20 1917

20-UNDERTAKER Samuel Hensley ADDRESS 6 Biddle

Spec.—8-24-14—M. & T.—2000 Bks.

D 6197

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6197

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jean Patterson

(Residence in Baltimore: No. 1109 Argyle Ave. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct. 2, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 8 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....none.....
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, State or Country), Md.

10-NAME OF FATHER, Clarence Patterson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER — Liddle

13-BIRTHPLACE OF MOTHER (State or Country), Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. R. Liddle

(Address) Johns Hopkins Hosp.

JUN 21 1917

....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1917, to June 19, 1917, that I saw her alive on June 19, 1917, and that death occurred, on the date stated above, at 5-25 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis pulmonary

(Duration) 0 yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) —

(Duration) — yrs. — mos. — ds.

(Signed) Henry B. Conrad M. D.

June 21, 191.7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 27 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1109 Argyle Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem	June 21, 1917
20-UNDERTAKER Samuel Feinstein	ADDRESS 5 Rutland

Spec—5-19-15—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6198

CERTIFICATE OF DEATH.

37 ✓

D 6198

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Pearl ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Waters

(Residence in Baltimore: No. 510 Pearl St

St.; ....yrs....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colony

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 4 yrs. mos. ds.

If LESS than 1 day. ....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, State or Country), Balt Md.

10-NAME OF FATHER, Eugene Waters

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Minnie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Waters

(Address) 510 Pearl St

JUN 21 1917 191.... ROBERT B. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to June 20 1917, that I saw h[illegible] alive on June 17 1917, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Syphilis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Rickets

(Duration) 4 yrs. mos. ds.

(Signed) Jos. Strieper M. D.

June 20, 1917 (Address) 206 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, June 20 1917

20-UNDERTAKER Samuel Hemsley ADDRESS 5 P W & Baltimore

D 6199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 6199

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 617 N. Caroline ST. 10 WARD)

2 FULL NAME Harry Hollis

(Residence in Baltimore: No. 612 N Caroline St.: yrs. 30 mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: [illegible] (Month) (Day), 1 (Year)

7 AGE: 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Gen Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Servant

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Hollis

(Address) 612 N Caroline St

15. Filed JUN 21 1917, 191 ROBERT R. KRAUTER Registrar

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 19 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1917, to June 19 1917, that I saw h[illegible] alive on June 18, 1917, and that death occurred, on the date stated above, at 8 a/[illegible] m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds

Contributory (SECONDARY) Pulmonary Hemorrhage

(Duration) yrs. mos. ds.

(Signed) J. Edward Fisher M. D.

June 20, 1917 (Address) 1612 E monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery DATE OF BURIAL: June 22 191 7

20 UNDERTAKER: R E Groh ADDRESS 1405 McElderry St

D 6200

HEALTH DEPARTMENT—CITY OF BALTIMORE

+167 ✓ D 6200

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hosp. ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hickman

(Residence in Baltimore: No. Out of city St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, ... March (Month) 27 (Day), 1916 (Year)

7-AGE, 1 yrs. 2 mos. 24 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Connemaugo

PARENTS.

10-NAME OF FATHER, Walter Hickman

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Lucy Burns

13-BIRTHPLACE OF MOTHER (State or Country), Connemaugo

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Hickman

(Address) Connemaugo Md

JUN 21 1917 ROBERT R. KRAUTER

ed....., 191..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burned

accidental

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration).....yrs.....mos.....ds.

(Signed) J. Edmund Brush, M. D. (Coroner)

6/21, 191.7 (Address) 916 Eight St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 7 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Connemaugo Md

Former or usual residence Connemaugo Md

19-PLACE OF BURIAL OR REMOVAL, Colma Cem Co Md | DATE OF BURIAL, June 21, 1917

20-UNDERTAKER Mc Lean & Jones | ADDRESS 833 Linden Ave

D 6201

Patrick Trainor 64

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 6201

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1503 Linden Av ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Trainor

(Residence in Baltimore: No. 1503 Linden Ave - St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Married

6-DATE OF BIRTH ..... (Month) ..... (Day), 1870 (Year)

7-AGE 47 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country) Ireland

PARENTS

10-NAME OF FATHER Frank Trainor

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Isabella Sherry

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary L Trainor

(Address) 1503 Linden Av

15- Filed JUN 21 1917 191 ROBERT R. KRAUTER

Burial Permit (Clerk) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June (Month) 19 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 18, 1917, to June 19 1917, that I saw h[illegible] alive on June 18, 1917, and that death occurred, on the date stated above, at 12.45 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

8 Hours
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Apoplexy.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas Nelson M. D.

June 20 1917 (Address) 1001 W Fulton av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State 33 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	June 1917
20-UNDERTAKER	ADDRESS
M Talbert & Sons	606 Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6202

CERTIFICATE OF DEATH.

D 6202

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 W. Lexington ST., 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Stradley.

(Residence in Baltimore: No. 1516 W. Lexington St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb. 19, 1853
(Month) (Day) (Year)

7-AGE, 64 yrs. 4 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa.

10-NAME OF FATHER, Peter Snyder

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Sarah A. Kinsey.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene L. Bates

(Address) 264 N. Payson St.

JUN 21 1917, 191.... ROBERT R. KRAUTH, BURIAL PERMIT CLERK
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 2 1916, to June 19 1917, that I saw h[illegible] alive on June 19 1917, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic myocarditis & arteriosclerosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) S. A. Arthur M. D.

June 20, 1917. (Address) 1426 Mansfield

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lauden Park Cem. DATE OF BURIAL, June 22 1917

20-UNDERTAKER Frank A. Fink ADDRESS 915 N. Gay St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6203

CERTIFICATE OF DEATH.

119 D 6203

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 N Carey ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Scrotgins

(Residence in Baltimore: No. 1313 N Carey St.; 1 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Dm'l know ....., 1865
(Month) (Day) (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundry
(b) General nature of industry, business, or establishment in which employed (or employer): work

BIRTHPLACE, (State or Country): Maryland

10-NAME OF FATHER: Moses Thompson

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Arretta Dennien

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) for Jeni William Scroggs

(Address) 1313 N Carey

JUN 21 1917 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1917, to June 19 1917, that I saw her alive on June 19 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) C. C. William Fisk M. D.

June 20, 191.7 (Address) 1728 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, June 21, 191.

20-UNDERTAKER Daniel Easter — ADDRESS 916 Penna ave

George C Woodward

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6201

CERTIFICATE OF DEATH.

D 6201

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 5 St. Joseph Lane St. WARD)

2-FULL NAME Geo. C. Woodward (Woodward)

(Residence in Baltimore: No. 521 East 11, St.; yrs., mos. ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and ward. Fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... September ....., 1 .....
(Month) (Day) (Year)

7-AGE, 59 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tobacconist
(b) General nature of industry, business, or establishment in which employed (or employer)..... General .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Joshua Woodward

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sarah Tuell

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Lankford

(Address) 1121 McCulloh St.

JUN 21 1917 ROBERT R. KRAUTZ

ed....., 191..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June ....., 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an. Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Autopsy Only

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Wirt Bunting M. D.
(Coroner.)

191... (Address) 11 E. Lex.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	June 22, 1917
20-UNDERTAKER Henry Wood Son	ADDRESS 1301 E Lex St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6205 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 6205

CERTIFICATE OF DEATH.

+92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.) WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor A Archer

(Residence in Baltimore: No. Belair Md St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ...September..... (Month) ....21.... (Day) 1882 (Year)

7-AGE, 35 yrs. .... mos. .... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....Laborer....
(b) General nature of industry, business, or establishment in which employed (or employer) ....General....

9-BIRTHPLACE, State or Country), Md.

10-NAME OF FATHER, Geo. Archer

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Clayton

13-BIRTHPLACE OF MOTHER (State or Country), Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hosp Record.

(Address) .....

OCT 21 1917 ROBERT R. KRAUTH

....., 191.... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...June.... (Month) ....21.... (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/17/17 191.., to 6/21/17 191.., that I saw h.. alive on 6/21/17 191.., and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

.....Pneumococcal Septicemia.....

.....

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY. (Secondary) Lobar Pneumonia

..... (Duration) ....yrs. ....mos. 16 ds.

(Signed) ....Frank C. Massini....M. D.

6/21/17, 191... (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 4 ds. In the State 35 yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence Belair Md

19-PLACE OF BURIAL OR REMOVAL, Benson Md

DATE OF BURIAL, June 23 191 7.

20-UNDERTAKER E + B Hark

ADDRESS 115 E Fayette St

Penna G Windgassen

6206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 D 6206

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hosp ST. 21 WARD)

2-FULL NAME Penna G. Windgassen

Residence in Baltimore: No. 909 Ridgely St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give STREET AND NUMBER of place where death occurred.) (If under 1 year, St. 3 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Aug. 4, 1894 (Month) (Day) (Year)

7-AGE, 22 yrs. 10 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Postmaster
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country). Germany

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Theresa Windgassen
(Address) 909 Ridgely St

JUN 21 1917 191... ROBERT B. KRAUTH Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide
Injury to right chest
Pistol shot
(Duration) ....yrs. ....mos. 3 ds.
CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Edward Smith M. D. (Coroner)
6/21, 191... (Address) 710 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos. 3 ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death? Russell & Lee Sts. Ft.
Former or usual residence 909 Ridgely St.

19-PLACE OF BURIAL OR REMOVAL. Westminster Burial DATE OF BURIAL, June 21 19 17

20-UNDERTAKER Li. LeRoy Stuffer ADDRESS 844 W 36th

46-72

David Hawkins

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6207

CERTIFICATE OF DEATH.

92 D 6207

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1027 Jenkins Alley) ST.; 11 WARD)

2-FULL NAME David Hawkins

(Residence in Baltimore: No. 1027 Jenkins St.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, September (Month) (Day) 1872 (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Builder

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Hawkins

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Etta Gray

13-BIRTHPLACE OF MOTHER (State or Country), Md

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Hilken

(Address) 1381 Hanover

JUN 21 1917, 191... ROBERT R. KRAUTER Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cold & Exposure

(Duration) yrs. mos. ds.

(Signed) Walter Klein M. D.

(Coroner.) June 20 1917. (Address) 814 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State None yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, June 21, 1917

20-UNDERTAKER Edward Ring & Son

ADDRESS 1463 N Eutaw

Ninijio Rufo

D 6208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 6203

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No.) Swim Quary ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Ninijio Rufo

(Residence in Baltimore: No. 22 Skinners Alley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 1 (Day), 1880 (Year)

7-AGE, 31 yrs. mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Street Paver
(b) General nature of industry, business, or establishment in which employed (or employer): City Street

9-BIRTHPLACE, (State or Country). Italy

PARENTS.

10-NAME OF FATHER. Vincent Rufo

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country). Italy

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Domenico Salucci

(Address) 808 Stiles St.

Filed JUN 21 1917, 191.. ROBERT R. KRAUTER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Drowned in Hole in Swim Quary
probably accidental
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) None
(Duration) yrs. mos. ds.

(Signed) James M. Kemler M. D.
(Coroner.)
June 21 191.7 (Address) 700 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Vincent's
DATE OF BURIAL, June 19 7
20-UNDERTAKER Randall Appleton
ADDRESS 878 N

Spec.—8-24-14—M. & T.—2000 lks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6209 Hettling D 6209

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Frederick Square Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. ... ST.; ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Sophie Hettling

(Residence in Baltimore: No. 784 Columbus Ave City St. 4 yrs. 3 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 18, 1871
(Month) (Day) (Year)

7-AGE, 45 yrs. 3 mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) ... Work.

9-BIRTHPLACE, State or Country), Baltimore

10-NAME OF FATHER, Henry Hettling

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Emmerich

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Bickwardt

(Address) 784 Columbus Ave

JUN 21 1917 191... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29 1917, to June 18 1917, that I saw her alive on June 18 1917, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Obstruction of Bowel

Cancer of Uterus

... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Operation May 3 1917 (Duration) ... yrs. ... mos. ... ds.

(Signed) Chas. Eyrs M. D.

June 18, 1917 (Address) Frederick Square Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State 48 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 748 Columbus Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem.	June 21, 1917
20-UNDERTAKER	ADDRESS
C. Schumacher Son	Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 6210

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Eutaw St.; 12 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Bowers

(Residence in Baltimore: No. 1701 Eutaw St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ..., 1847.
(Month) (Day) (Year)

7-AGE, 70 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, State or Country), Maryland

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane F. Payne

(Address) 1701 Eutaw St.

JUN 21 1917 Burial Permit Clerk

....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 20, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 15 1917, to June 20 1917, that I saw him alive on June 20 1917, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) ....yrs. 2m. mos. ....ds.

CONTRIBUTORY (Secondary) Pericarditis

(Duration) ....yrs. 2 mos. 20 ds.

(Signed) R. Gatewood Abercrombie M. D.

June 20, 1917. (Address) 1534 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Md. DATE OF BURIAL, 6-21, 1917

20-UNDERTAKER E & B Hale ADDRESS 115 E Lexington

D 6211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

D 6211

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 716 N. Uncas ST.; 16 WARD)

2. FULL NAME Clara Potts

(Residence in Baltimore: No. 716 N. Uncas St.)

10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1857 (Year)

7-AGE. 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer). Keeper

9-BIRTHPLACE. (State or Country), Md

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sasso

(Address) 716 N. Uncas

JUN 21 1917 ROBERT R. KRAUTER

d....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Contributory

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner.)

June 20, 1917 (Address) 216 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 16 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, H. Fairview — DATE OF BURIAL, June 22, 1917

20-UNDERTAKER, J. W. Chasten — ADDRESS 1100 Mosher

Spec.—5-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6212

CERTIFICATE OF DEATH.

51 D 6212

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Mildred Hooper

(Residence in Baltimore: No. 947 W. Franklin St. St.; 17 yrs., 1 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female

4-COLOR OR RACE, caucasian White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH April 28, 1900 (Month) (Day) (Year)

7-AGE, 17 yrs. 1 mos. 22 dys. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, State or Country), Md

10-NAME OF FATHER, C. J. Hooper

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ida Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. J. Hooper

(Address) 947 W. Franklin St.

UN 21 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1917, to June 21 1917, that I saw her alive on June 21 1917, and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH* was as follows:

exophthalmic goitre

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Post operative shock

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) C. H. Burton M. D.

June 21, 1917 (Address) Womans Hospl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yr. 1 mo. 22 ds. In the State 17 yrs. 1 mos. 22 ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 947 Franklin St.

19-PLACE OF BURIAL OR REMOVAL Loudon Park DATE OF BURIAL June 24 1917.

20-UNDERTAKER John J. Cowan & Co. ADDRESS 901 Hollins St.

Spec.—8-24-14—M. & T.—2000 Blks.

D. 6213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 6213

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 N Linwood Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Faulkner

(Residence in Baltimore: No. 820 N Linwood Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, June 20 (Month) (Day) 1917 (Year)

7-AGE, — yrs. — mos. 1 ds.

If LESS than 1 day, 11 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, State or Country), Md

10-NAME OF FATHER, Thomas J Faulkner

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Annie Schramm

13-BIRTHPLACE OF MOTHER (State or Country), Balto

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas J Faulkner

(Address) 820 N Linwood Ave

JUN 21 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 20 (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 20 1917, to June 20 1917, that I saw h[illegible] alive on June 20 1917, and that death occurred, on the date stated above, at 3 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) W. J. Reese M. D.

June 20, 1917 (Address) 1200 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	June 21, 191..
20-UNDERTAKER Fred Gracheson	ADDRESS 1906 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

D 6211

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6211

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. B. Hurst

3-Residence in Baltimore: No. 3 West Mt. Vernon Place St.; Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	married

6-DATE OF BIRTH, May 19, 1859
(Month) (Day) (Year)

7-AGE, 58 yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Wholesale Dry Goods
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, State or Country). Md.

10-NAME OF FATHER J. E. Hurst

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) R. A. Sibley

(Address) Johns Hopkins Hosp

JUN 21 1917

....., 191.....

HARRY C. ANDREWS
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8 1917, to June 20 1917, that I saw him alive on June 20 1917, and that death occurred, on the date stated above, at 3.50 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) W. G. Howard M. D.

June 20th, 1917. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 12 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 3 W. Mt. Vernon Place

19-PLACE OF BURIAL OR REMOVAL, Lyon Mount City — DATE OF BURIAL, June 23, 1917.

20-UNDERTAKER Stewart Mourn Co — ADDRESS 108 N. Howard

Spec.—5-19-13—M. & T.—500 Blks.

D 6215

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6215

81

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 Chancery St. Guilford ST. 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Young.

(Residence in Baltimore: No. 214 Chancery St.; Ward.; Yrs.; mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): married

6-DATE OF BIRTH, July (Month) 5 (Day), 1848 (Year)

7-AGE, 68 yrs. 11 mos. 16 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, State or Country), Baltimore, Md

10-NAME OF FATHER, James Young

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Eleanor Parks

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Thomas Young

(Address) 214 Chancey St

JUN 21 1917 HALE C. ADAMS

....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1916, to June 20 1917, that I saw h in alive on June 20 1917, and that death occurred, on the date stated above, at 3.45 p.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. ds.

(Signed) H. K. Jameson M. D.

Jan 22., 1917. (Address) 117 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemy | DATE OF BURIAL, June 21 1917.

20-UNDERTAKER John B. Spence | ADDRESS 1325 N. Carlton St.

D 6216

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 6216

1 PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 909½ Lombard St. 23 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frank Cano

(Residence in Baltimore: No. 909½ Lombard St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Black	Married

6 DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

7 AGE 07 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9 BIRTHPLACE (State or country) Md

PARENTS

10 NAME OF FATHER Anthony Gaines

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Julia Cooper

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Cano

(Address) 909½ Lombard

15.

filed ....., 191.... HARRY C. ADAMS
Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 20, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May ....., 1917, to June 20 1917, that I saw h.. alive on June 18, 1917, and that death occurred, on the date stated above, at 7 P m.
The CAUSE OF DEATH* was as follows:

Peritonitis Ulcer

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Uncertain

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) ..... M. D.

June 20, 191.... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodbur	June 7 1917
20 UNDERTAKER	ADDRESS
J. [illegible] Houghton	108 main

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6217

CERTIFICATE OF DEATH.

93

D 6217

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2547 Oak ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jane Hall

(Residence in Baltimore: No. 2547 Oak St. St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, About 50 yrs. ...mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: house wife
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, State or Country), Md

10-NAME OF FATHER, David Jackson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Laura Smothers

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Francis Hall

(Address) 2547 Oak St

..., 191... HARRY O. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 20, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 1917, to June 20 1917, that I saw her alive on June 19 1917, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Empyema a followed Pleurisy

(Duration) ...yrs. ...mos. 30 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Albert F. Conrey M. D.

6-20, 1917. (Address) 9 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hollands Point Md — DATE OF BURIAL, June 21 1917.

20-UNDERTAKER J. A. & H. Holland — ADDRESS 1631 D. St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

77 D 6218

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 E. Eager. ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Mueller.

(Residence in Baltimore: No. 1210 E. Eager St.; 41 yrs., 7 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Nov. 10, 1873.
(Month) (Day) (Year)

7-AGE, 43 yrs. 7 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General.

9-BIRTHPLACE, (State or Country), Baltimore City

10-NAME OF FATHER, George Mueller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Schnabrich

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Mueller

(Address) 1210 E. Eager St.

JUN 21 1917 HARRY C. ANDREWS

....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17, 1917 to June 19, 1917, that I saw him alive on June 19, 1917, and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

2 weeks

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. 6 mos. .... ds.

(Signed) F. D. Eble M. D.

June 20, 1917. (Address) 1 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, June 21, 1917.

20-UNDERTAKER Lilly & Zeiler. ADDRESS 403 E. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

JUN 6219

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6219

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 N. Luzerne Ave ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Simon

(Residence in Baltimore: No. 226 N. Luzerne Ave St.; 47 yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 20th (Month) (Day), 1854 (Year)

7-AGE, 63 yrs. 1 mos. 30 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, State or Country), Germany

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augusta Simon

(Address) 226 N. Luzerne Ave

JUN 21 1917, 191.... HARRY C. ADELSWS
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19/17 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 191 7, to June 19 191 7, that I saw h.. alive on June 19 191 7, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis Edema

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Senile Bronchitis

(Duration) 1 yrs. 6 mos. ds.

(Signed) C. B. Keenan M. D.

June 20, 191 7. (Address) 1827 Patterson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetary — DATE OF BURIAL, June 22, 191 7

20-UNDERTAKER Christian Miller — ADDRESS 2537 Jefferson

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6220 6220

CERTIFICATE OF DEATH.

+92

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Brewster Deen Jr.

(Residence in Baltimore: No. University Hosp. St.; ....yrs., ...mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Feb. 10, 1914
(Month) (Day) (Year)

7-AGE, 3 yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Denton, Md.

10-NAME OF FATHER, Wm Brewster Deen Sr.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jessie Wellis

13-BIRTHPLACE OF MOTHER (State or Country), Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... R. R. Fisher

(Address)..... Denton, Md.

JUN 22 1917 191.... ROBERT R. KRAUTER REGISTRAR

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1917, to June 21 1917, that I saw him alive on June 21 1917, and that death occurred, on the date stated above, at 9 P.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration)....yrs....mos. 7 ds.

CONTRIBUTORY (Secondary) Emphysema

(Duration)....yrs. 1 mos....ds.

(Signed) C. A. Reifschneider M. D.

6/21, 191.7 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 3 yrs. 4 mos. 11 ds.

Where was disease contracted, if not at place of death? Denton, Md.

Former or usual residence Denton, Md.

19-PLACE OF BURIAL OR REMOVAL, Denton Md — DATE OF BURIAL, June 22, 1917.

20-UNDERTAKER Armstrong Denny Co — ADDRESS 715 Light St

D 6221

HEALTH DEPARTMENT--CITY OF BALTIMORE

64

CERTIFICATE OF DEATH

1 PLACE OF DEATH 640 N, Saratoga

REGISTERED No. C .....

CITY OF BALTIMORE (No. ..... ST. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charlotte Rice

(Residence in Baltimore: No. 640 N, Saratoga St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Widow

6 DATE OF BIRTH: Unknown ; 1 (Month) (Day) (Year)

7 AGE: 68 yrs. 0 mos. ds. | If LESS than 1 day, ... hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Va

PARENTS

10 NAME OF FATHER: Samuel Wilson

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. Tyhugh Rice

(Address) Monteclair N. J.

15 JUN 22 1917 ROBERT R. KRAUTH

Filed ....., 191 ..... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 21, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1917, to June 20 1917, that I saw h.. alive on June 20, 1917, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

4 days (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry McBadley M. D.

June 21, 1917 (Address) 1126 N, North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn

DATE OF BURIAL: June 22, 1917

20 UNDERTAKER: H. E. Lee & Co

ADDRESS: 102 E. Baltimore St.

D 6222

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 6222

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 402 n Edea St. 5 WARD) REGISTERED No. C 579

2 FULL NAME Margrett Chisholm

(Residence in Baltimore: No. 402 n Eden St.; yrs. mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6 DATE OF BIRTH: November (Month) (Day), 1856 (Year)

7 AGE: 59 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): md

PARENTS

10 NAME OF FATHER: Gilbert Gibson

11 BIRTHPLACE OF FATHER (State or country): md

12 MAIDEN NAME OF MOTHER: Eliza Caldwell

13 BIRTHPLACE OF MOTHER (State or country): md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Helena Dean

(Address): 2026 Eden St

5 JUN 22 1917 ROBERT R. KRAUTH

Filed ..., 191... Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 19 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1917, to June 19, 1917, that I saw h[illegible] alive on June 18, 1917, and that death occurred, on the date stated above, at 3 Pm.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Indefinite (Duration) yrs. mos. ds

Contributory (SECONDARY) Cardiac Dropsy

(Duration) 15 yrs. mos. ds.

(Signed) J. Edward Fisher M. D.

June 21st, 1917 (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: June 21, 1917

20 UNDERTAKER: Mrs. R. A. Elliott

ADDRESS: 506 East St.

Melville A. Shauck.

D 6223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6223

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Division & Lanvale ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Melville A Shauck

(Residence in Baltimore: No. Gamber Carroll Co. Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec (Month) 25 (Day), 1893 (Year)

7-AGE, 23 yrs. 5 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Butcher
(b) General nature of industry, business, or establishment in which employed (or employer)..... Ct Market

9-BIRTHPLACE, (State or Country), Carroll Co Md

10-NAME OF FATHER, Wm N Shauck

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Liza J Barber

13-BIRTHPLACE OF MOTHER (State or Country), Md.

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mable A. B. Shauck

(Address) Gamber Md

JUN 22 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of Skull by accidental Auto Motor accident (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) accidental (Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

June 24, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Gamber Carroll Co. Md

19-PLACE OF BURIAL OR REMOVAL, Westminster Md — DATE OF BURIAL, June 24 1917

20-UNDERTAKER W M Routson — ADDRESS 230 N Greene

Spec.—8-24-14—M. & T.—2000 Bks.

D 6221

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6221

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 Etting ST.: 14 WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy Thomas

(Residence in Baltimore: No. 1832 Etting St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colard

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1860 (Year)

7-AGE, 57 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): Ind Laundress

9-BIRTHPLACE, (State or Country), Eastern Shore Md

10-NAME OF FATHER, Joseph Pall

11-BIRTHPLACE OF FATHER (State or Country), Eastern Shore Md

12-MAIDEN NAME OF MOTHER Priscilla Wyth

13-BIRTHPLACE OF MOTHER (State or Country), Eastern Shore Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Margret Waters

(Address) 1832 Etting St

N 221917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1917, to June 19 1917, that I saw h[illegible] alive on June 19 1917, and that death occurred, on the date stated above, at 12.25 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis 1 Dilatation of Right Heart

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Exposure

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edw Short M. D.

June 21, 1917 (Address) 1817 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, MB Cemetery

DATE OF BURIAL, JUN 22 1917

20-UNDERTAKER Jas A Cairns

ADDRESS 530 Lexington

D 6225

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 6225

REGISTERED No. C 130

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 218 N. Washington St.; 6 WARD)

2-FULL NAME James H. Holland.

(Residence in Baltimore: No. 218 N. Washington St.; 62 yrs. 3 mos. 24 ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: February 26, 1855 (Month) (Day) (Year)

7-AGE: 62 yrs. 3 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: James Holland

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah F. Holland

(Address) 218 N. Washington St.

15- Filed JUN 22 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 20 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1917, to, June 20, 1917, that I saw him alive on June 18, 1917, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis
Complicated with Asthma

(Duration) yrs. 2 mos. 10 ds

Contributory (SECONDARY) Heart Failure

(Duration) yrs. mos. 14 ds.

(Signed) Frederick A. Hoener M. D.

June 20, 1917 (Address) 112 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	June 22, 1917
20-UNDERTAKER Philip Henry	ADDRESS 206 Aliceanna

Morris Woodard

D 6226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6226

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1141 Nelson ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Woodcock

(Residence in Baltimore: No. 1141 Nelson Wilmer Alley. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR FACE, Colo

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 21, (Day) 1895 (Year)

7-AGE, 19 yrs. c mos. c ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Grain

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Simpleton

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Ridout

13-BIRTHPLACE OF MOTHER (State or Country), Md

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1141 Wilmer Aby

JUN 22 1917 ROBERT R. KRAUTER

d....., 191.. Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia - Bright's Disease

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cystitis & Pyelitis

(Duration) yrs. mos. ds.

(Signed) J. W. McClean M. D.

(Coroner)

June 22, 191 7 (Address) 1198 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, CREMATION: Ridout Cem.

DATE OF BURIAL, June 22 19(.)

20-UNDERTAKER Daniel Easton

ADDRESS 916 Penna ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6227

CERTIFICATE OF DEATH.

151

D 6227

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Edmonson Ave ST., 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Phillips

(Residence in Baltimore: No. 1907 Edmonson Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June 21, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or 5 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, James Phillips

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Hattie Rodgers

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) James Phillips

(Address) 1907 Edmonson Ave

JUN 22 1917

ROBERT R. KRAUTER

..... 191...

Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from — 191 , to — 191 , that I saw h alive on — 191 , and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature Birth

Died immediately after birth

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) S W Billups M. D.

June 21, 1917. (Address) 2224 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, June 23, 1917.

20-UNDERTAKER Geo A Garby — ADDRESS Balto & Payson St.

D 6228

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 6228

Registered No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Shelter for Aged Colored Persons St. or Ward)

2-FULL NAME Sarah Bentley

(Residence in Baltimore: No. Shelter (511 W Biddle) St.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Black	widow

6-DATE OF BIRTH Autumn (Month), 1842 (Day) (Year)

7-AGE 75 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Ware.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Wharton

(Address) 517 W. Biddle St

JUN 22 1917 ROBERT R. KRAUTER

d ....., 191.... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June (Month) 21 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5, 191 7. to June 14 191 7.
that I saw h alive on June 14, 191 7.
and that death occurred, on the date stated above, at 9 A. m.
The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), John R. Hutchcomber M. D.
June 22, 1917 (Address) 316 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Laurel Cem | DATE OF BURIAL June 22, 1917

20-UNDERTAKER Chas. E. Foard | ADDRESS 802 Madison Ave

D 6229

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 D 6229

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 519 N Carrollton ~~St.~~ Ave. WARD) 18

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Elizabeth McGinn

(Residence in Baltimore: No. 519 N Carrollton Ave. St.; 67 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH April (Month) 28 (Day) 1860 (Year)

7 AGE 57 yrs. 1 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. C. Darr

(Address) 519 N. Carrollton Ave

ROBERT R. KRAUTER

JUN 22 1917 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 20th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 4th, 1917, to June 20th 1917, that I saw her alive on June 20th 1917, and that death occurred, on the date stated above, at 2 p m.
The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 1½ yrs. ..... mos. ..... ds

Contributory (SECONDARY) Uraemia Three hours

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) V. Ken Williams M. D.

June 20, 1917 (Address) 501 Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Stanley Va	June 23, 1917

20 UNDERTAKER	ADDRESS
Chas E. Franck	for Madison

Spec.—8-24-14—M. & T.—2000 Bks.

D 6230

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6230

CERTIFICATE OF DEATH.

REGISTERED No. C 1047

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Peach Alley St.; 23 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Sweeney

(Residence in Baltimore: No. 1122 Peach alley St.; ..... yrs., 7 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov 4, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. 11 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, William Sweeney

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Fern Weeks

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Fern Sweeney

(Address) 1122 Peach alley

JUN 22 1917

....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16 1917, to June 21 1917, that I saw h... alive on June 20 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) R. R. Campbell M. D.

June 4, 1917. (Address) 1644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, June 22, 1917.

20-UNDERTAKER Mrs J. E Evans & Sons

ADDRESS 1420 E. Charles 25

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 6231

CERTIFICATE OF DEATH.

79

D 6231

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Vaicek

(Residence in Baltimore: No. 821 N Dallas St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October 3 (Month) (Day) 1890 (Year)

7-AGE, 26 yrs. 8 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
a) Trade, profession, or particular kind of work.....
b) General nature of industry, business, or establishment in which employed (or employer)..... Electrician.

9-BIRTHPLACE, (State or Country), Balto Md.

10-NAME OF FATHER, Martin Vaicek.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Sophia Kutlik...

(Address).....821 N. Dallas St.....

N 22191 7 ROBERT R. KRAUTER

191..... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 22 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Apr 12 1917, to June 22 1917, that I saw h. him alive on June 22 1917, and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:

Acute myocardial Dilatation

(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) 2 yrs. ...mos. ...ds.

(Signed) Bernard L Jacobson M. D.

6/22, 1917. (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 2 mos. 11 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 821 N. Dallas St.

19-PLACE OF BURIAL OR REMOVAL, Oak Hill Cemty

DATE OF BURIAL, June 25, 1917

20-UNDERTAKER William Cook

ADDRESS 507 N Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6232 D 6232

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 557 Walnut St. WARD)

2-FULL NAME Richard Ottmon Bond

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 557 Walnut ave St.; ....yrs., ...mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 1899 ....., 1.....
(Month) (Day) (Year)

7-AGE 18 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Newsboy
(b) General nature of industry, business, or establishment in which employed (or employer) Chief

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER. Alex. Bond

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Hester Hewson

13-BIRTHPLACE OF MOTHER (State or Country). Va.

THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) William Bond

(Address) 557 Walnut ave

JUN 22 1917 ROBERT R. KRAUTER

....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15th, 1917, to June 18, 1917, that I saw h[illegible] alive on June 16th, 1917, and that death occurred, on the date stated above, at 1130 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. ....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos.....ds.

(Signed) A. Fen Ellis M. D.

June 20, 1917 (Address) 924 Park ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, PUBLIC CEMETERY. DATE OF BURIAL, JUN 22 1917

20-UNDERTAKER ADDRESS

Commissioner Health,

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 3002 Rosedale St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Agnes Donnelly

(Residence in Baltimore: No. 3002 Rosedale St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Fem	Wht	Married

6-DATE OF BIRTH ..... (Month) ..... (Day), 1887 (Year)

7-AGE 30 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) 537

BIRTHPLACE (State or country) Garrett Co. Md

10-NAME OF FATHER John A Wolfe

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Julia Comiskman

13-BIRTHPLACE OF MOTHER (State or country) Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm F Lauenroth

(Address) 3002 Roseland Pl

N 231917 ROBERT E. KRAUTER Burial Permit Clerk ..... 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June 21st, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May, 191..., to June 21st 191..., that I saw h.. alive on June 2, 24 191..., and that death occurred, on the date stated above, at 4.05 m.

The CAUSE OF DEATH* was as follows:

Intussusception of
Large & Small Intestines
Shock

Not Obtained (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Cancer Pancreas Metastasis (Duration) ..... yrs. one mos. ..... ds.

(Signed) E E Lauer M. D.

June 21st 1917 [Address] 1225 W North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: J. Peters — DATE OF BURIAL: June 3, 1917.

20-UNDERTAKER: M Fahey & Son — ADDRESS: 806 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6231

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6231

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 N. Carey ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy DeCourcy Goldsmith

(Residence in Baltimore: No. 719 N. Carey st St.; life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 13, 1901 (Month) (Day) (Year)

7-AGE, 16 yrs. 3 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer): 666

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, Sidney W. Goldsmith

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Lucy E. Brooow

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sidney W. Goldsmith

(Address) 719 N. Carey

JUN 23 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1916, to June 21 1917, that I saw h[er] alive on June 19 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. H. McCarty M. D.

June 22, 1917. (Address) 837 W Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, June 23 1917

20-UNDERTAKER Rodk. T. Turner — ADDRESS 1712 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6235

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2514 Keyworth ave St.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert E. Schlueter

(Residence in Baltimore: No. 2514 Keyworth ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 5 (Month) (Day), 1911 (Year)

7-AGE, 6 yrs. 2 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, State or Country), Baltimore Md

10-NAME OF FATHER, Jno. Schlueter

11-BIRTHPLACE OF FATHER (State or Country), Missouri

12-MAIDEN NAME OF MOTHER Lillian E Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Mrs L Morton

(Address) 2518 Keyworth ave

HARRY C. ARENDS

JUN 23 1917 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21 (Month) (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 9 1917, to June 21 1917, that I saw h... alive on June 21 1917, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Streptococcus

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) ..... yrs. ..... mos. 12 ds.

(Signed) Alma P Lemmon M. D.

June 21, 191.7 (Address) 918 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, June 23, 191.7

20-UNDERTAKER Geo J Schluter

ADDRESS 1800 Bayard St

D 6236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

182 D 6236

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Kuhn

(Residence in Baltimore: No. 2605 Stevenson Court St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June 10 (Month) (Day), 1885 (Year)

7-AGE, 26 yrs. mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Painter
(b) General nature of industry, business, or establishment in which employed (or employer). Journeyman

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Smale

(Address) Met Ave

JUN 23 1917, HARRY C. ANDREWS Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 22 (Day) 1917. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot wound in back at 10th dorsal vertebra causing paralysis lower 2/3 feet (Murder)

(Duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Septic pulmonic embolism from bed sores (Duration) 1 yrs. mos. 10 ds.

(Signed) James W. Foulon (Coroner.) M. D.

June 22 1917 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 24 ds. State 28 yrs. mos. ds.

Where was disease contracted if not at place of death? 108 S Carrollton Ave

Former or usual residence 2606 Stevenson Ct.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Pinlico	June 23 1917
20-UNDERTAKER Wolfinger & Geo J. Smith	ADDRESS Balto & Regester

Spec.—8-24-14—M. & T.—2000 Bks.

D 6237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6237

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. 1418 Eutaw Place St.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Garlow

(Residence in Baltimore: No. Jarrad a. Kelly Hosp. St.; ....yrs., ...mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 59 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, State or Country), West Va

10-NAME OF FATHER, Elijah South

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER — Long

13-BIRTHPLACE OF MOTHER (State or Country), unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) W. H. South

(Address) Morgantown W. Va.

N 23 1917

....., 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1917, to June 22 1917, that I saw h..... alive on ..... 191....., and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:
Cancer of the Liver
(Autopsy Made)
..... (Duration) ....yrs. 5 mos. ....ds.
CONTRIBUTORY (Secondary) Cancer Liver
..... (Duration) ....yrs. 5 mos. ....ds.

(Signed) R. G. Fuller M. D.

6-22, 191.7. (Address) 1418 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. 2 ds.
Where was disease contracted, if not at place of death? Morgantown W. Va.
Former or usual residence Morgan-town. W. Va.

19-PLACE OF BURIAL OR REMOVAL, Morgantown W. Va. DATE OF BURIAL, June 23, 191.7.

20-UNDERTAKER Chas. G. Black ADDRESS 1201 W. Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6238

CERTIFICATE OF DEATH.

87 D 6238

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612. Jasper ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia Haynes

(Residence in Baltimore: No. 612. Jasper St. 46 yrs. 5 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Dec 26, 1870
(Month) (Day) (Year)

7-AGE, 46 yrs. 5 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, State or Country), Baltimore

10-NAME OF FATHER, Samuel Jordon

11-BIRTHPLACE OF FATHER (State or Country), of Baltimore

12-MAIDEN NAME OF MOTHER Elezia Jordon

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) H Husband A Haynes

(Address) 612 Jasper St

JUN 23 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21st, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4th 1917, to June 21st 1917, that I saw her alive on June 20th 1917, and that death occurred, on the date stated above, at 5 HD 8 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemiplegia
due to Embolism

(Duration) ....yrs. ....mos. 17 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) E Elliott M. D.

....., 191... (Address) 607 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, June 24, 1917.

20-UNDERTAKER Thos. Rott A. Elliott. — ADDRESS 506 East St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6239

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 6239

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 W. Pratt ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Rich

(Residence in Baltimore: No. 108 W. Pratt St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 12, (Month) (Day) 1886 (Year)

7-AGE, 29 yrs. 3 mos. 9 ds.

If LESS than 1 day, ... hrs. or .... min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter woman
(b) General nature of industry, business, or establishment in which employed (or employer)..... 041

8-BIRTHPLACE, State or Country), Va

10-NAME OF FATHER, Samuel Rich

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Elvira Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Martha Rich (Sister)

(Address) 727 S. Charles St.

123917 HARRY [illegible]

....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19 1917, to June 21 1917, that I saw h[illegible] alive on June 20 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) W. A. Smith M. D.

June 21, 1917. (Address) 5 E. Madison St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn et — DATE OF BURIAL, June 23, 1917

20-UNDERTAKER J. L. Brown & Son — ADDRESS 108 W. Pratt

Spec.—5-19-13—M. & T.—500 Bks.

D 6210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH General German Aged People's Home REGISTERED NO. C 29

CITY OF BALTIMORE: (No. ..... ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Fredel

(Residence in Baltimore: No. Baltimore & Payson St.; ..... yrs., ... mos. ..... ds.)

D 6210

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED.~~ (*Write* the word.) Widow

6-DATE OF BIRTH, May 8, 1837
(Month) (Day) (Year)

7-AGE, 80 yrs. 1 mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country). Baden Germany

10-NAME OF FATHER, Christian Falz

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Agathe Helzog

13-BIRTHPLACE OF MOTHER (State or Country). Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant, Records of German Aged Home

(Address). Baltimore & Payson St

JUN 23 1917 ROBERT R. KRAUTH, Clerk
191... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 1917, to June 23 1917, that I saw her alive on June 21 1917, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Organic Heart Disease

(Duration) ....yrs. ....mos. ....ds.

(Signed) F. W. Hellmann M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 16 yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence German Aged Home

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn DATE OF BURIAL, June 23, 1917

20-UNDERTAKER Jos Block ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6211

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 Boyd ST. 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Thomas

(Residence in Baltimore: No. 930 Boyd St.: 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widd

6-DATE OF BIRTH, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 64 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Laborer (b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, State or Country), Howard Co Md.

10-NAME OF FATHER. John Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Jeff Jones

(Address) 3 N Carlton Ave

UN 231917 ROBERT R. KRAUT[illegible]

....., 191... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1917, to June 2 1917, that I saw h[illegible] alive on June 2 1917, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Organic Disease
of Heart

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

....., 191... (Address) 3 N Carlton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, June 2 4, 191 7.

20-UNDERTAKER John F Thomas & Son — ADDRESS 901 Hollins St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6242 X92

CERTIFICATE OF DEATH.

REGISTERED NO. C 6242

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Ford

(Residence in Baltimore: No. Md Home for Colored Children Catonsville-Md St.; ..... yrs., ... mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, not stated ....., 1911
(Month) (Day) (Year)

7-AGE, ... 6 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, State or Country), Md.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... John A. Bishop

(Address)..... 1107 Druid Hill Ave.

JUN 25 1917 191..... ROBERT R. KRAUTH Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 7 1917, to June 22 1917, that I saw h m alive on June 22 191 7, and that death occurred, on the date stated above, at 5:00 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Empyema

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

June 22, 191 7 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Md Home for Col. Children

Former or usual residence Md Home for Col. Children

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, June 23, 191 7.

20-UNDERTAKER John A. Bishop

ADDRESS 1107 Druid Hill Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6243

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6243

CERTIFICATE OF DEATH.

56

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St.) (If death occurred in a hospital or institution, give its NAME instead of street and number and WARD) 17

REGISTERED NO. C

2-FULL NAME Joseph Liberto

(Residence in Baltimore: No. 409 N. Green St. St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ...October..., (Month) ...(Day) 1870 (Year)

7-AGE, 47 yrs. ...mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fruit Vendor
(b) General nature of industry, business, or establishment in which employed (or employer): Own

9-BIRTHPLACE, State or Country), Italy

10-NAME OF FATHER, Vincent Liberto

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Lavinia Giordino

13-BIRTHPLACE OF MOTHER (State or Country), Italy

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Mrs. S. Liberto

(Address) 409 N. Green St.

JUN 23 1917 ROBERT R. KRAUTER

...., 191... Registrar.

Burial Permit Clerk

(Over)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...June 22..., (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/19 1917, to 6/22 1917, that I saw h- alive on 6/22 1917, and that death occurred, on the date stated above, at 11:45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Cellulitis of Hand

(Duration) ...yrs. ...mos. ...ds.

(Signed) J. Mueller M. D.

6/22, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 3 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 409 N. Green St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, June 24, 1917.

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Harford Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6211

CERTIFICATE OF DEATH.

120

D 6211

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 3339 Brach Ave St.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A. Pierce

(Residence in Baltimore: No. 3339 Brach Ave St.; ..... yrs., 4 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... Mar. (Month) 11 (Day), 1848 (Year)

7-AGE, 69 yrs. 3 mos. 10 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Invalid
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, James L. Price

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Martha A. Such

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora Pierce

(Address) 3339 Brach Ave

ROBERT R. KRAUTH

JUN 23 1917 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1917, to June 21 1917, that I saw h er alive on June 20 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis &
Chronic Interstitial
Nephritis
Uraemia
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia
(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) ..... M. D.

June 23, 1917. (Address) 3435 Clifton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Bosley M E Church — DATE OF BURIAL, June 23, 1917

20-UNDERTAKER, W C Brooke — ADDRESS Sparks Md

17
62
3??

D 6245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

61

D 6245

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1131 Shields Alley St. 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Smith

(Residence in Baltimore: No. 1131 Shields St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1835 (Year)

7-AGE, 82 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), Va.

10-NAME OF FATHER, Wooten Griffith Smith

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos

(Address) 1131 Shields alley

JUN 23 1917 ROBERT R. KRAUTZ

....., 191... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Carbuncle Apoplexy

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Unknown

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J M Kelsey (Coroner) M. D.

June 23, 1917. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State None yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, J M Kelsey

DATE OF BURIAL, June 24 1917

20-UNDERTAKER Edward Ruggold

ADDRESS 913 N Caroll

Spec.—8-24-14—M. & ...—2000 Blks.

D 6246

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6246

151

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Fleet St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard E. Nelson

(Residence in Baltimore: No. 2223 Fleet St.; ..... yrs., ... mos., 17 (Hours) ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 21st (Month) (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 17 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, State or Country), Balto. Md.

10-NAME OF FATHER, Edw. B. Nelson

11-BIRTHPLACE OF FATHER (State or Country), Denver Col.

12-MAIDEN NAME OF MOTHER Josephine B. Hartman

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Edw. B. Nelson

(Address) 2223 Fleet St

JUN 23 1917 ROBERT R. KRAUTZ

....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 21 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 21 1917, to June 21 1917, that I saw him alive on June 21 1917, and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Premature Birth
(7 1/2 - 8 - mos)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. J. Iler M. D.

6/22/17 191... (Address) 408 Mt Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart

DATE OF BURIAL, June 23rd, 1917.

20-UNDERTAKER Lilly-Zeiler

ADDRESS 403 S. Wolfe St.

6 Spec.—8-14-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6217

CERTIFICATE OF DEATH.

29

D 6217

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 St Paul ST. 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Elizabeth Welch

(Residence in Baltimore: No. 406 St Paul St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 9 (Day), 1833 (Year)

7-AGE, 84 yrs. 3 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dress Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Jacob Kessler.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Angeline Winder.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Herman

(Address) 406 St Paul St

ROBERT R. KRAUT

N. 23 1917 191. Sarah Penn Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1917 to June 21 1917, that I saw h[illegible] alive on June 21 1917, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Old age

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) ....yrs. ....mos. ....ds.

(Signed) Charles R Davis M. D.

June 22, 1917 (Address) 923 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Frederick Md

DATE OF BURIAL, June 24, 1917

20-UNDERTAKER W J Ticknor & Son

ADDRESS Emmitsburg Md

Spec.—5-19-13—M. & T.—500 Bks.

D 6248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

D 6248

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2549 Frederick Ave ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna C. Gockel

(Residence in Baltimore: No. 2549 Frederick ave St.; 48 yrs., 9 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 27, 1868
(Month) (Day) (Year)

7-AGE, 48 yrs. 9 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, State or Country: Balto. City

10-NAME OF FATHER Aug. Hoffmeister

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Brandes

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Gockel

(Address) 2549 Frederick ave

JUN 23 1917 ROBERT R. KRAUTH

....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1917, to June 21 1917, that I saw her alive on June 21 1917, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Cystitis

(Duration) 1 yrs. mos. ds.

(Signed) E. W. Wilson M. D.

....., 191... (Address) 1735 Hollins st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
New Cathedral Cemetery	June 25, 1917
20-UNDERTAKER	ADDRESS
John J. Fields	1200 W. Lombard st

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6219

CERTIFICATE OF DEATH.

8

D 6219

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 N. Gay ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Maurer

(Residence in Baltimore: No. 1226 N. Gay st St.; .....yrs., ...mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 28, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 25 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....—
(b) General nature of industry, business, or establishment in which employed (or employer).....—

9-BIRTHPLACE, (State or Country). Balto City

10-NAME OF FATHER. John Maurer

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Anna Rathe

13-BIRTHPLACE OF MOTHER (State or Country). Balto

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Anna Maurer

(Address) 1226 N. Gay st

231917

....., 191..ROBERT B. KRAUTZ.....
Registrar.

District Health Officer

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH June 22, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1917, to June 22 1917, that I saw h-- alive on June 22 1917, and that death occurred, on the date stated above, at 3-50 p m.

The CAUSE OF DEATH* was as follows:

1. Pertussis

2. Bronchial Pneumonia

..... (Duration).....yrs.....mos. 3 da.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....da.

(Signed) J. Wallace White M.D.

June 23, 191 7 (Address) 1107 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, June 23, 1917.

20-UNDERTAKER Albert L Fuller — ADDRESS 221 N Bradley

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6250

113 D 6250

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Druid Hill Ave St.; 12 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Jolly

(Residence in Baltimore: No. 1907 Druid Hill Ave St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Unknown (Month) (Day) 1874 (Year)

7-AGE, 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress 069
(b) General nature of industry, business, or establishment in which employed (or employer): Private Families

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, William F. Jolley

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Roxana Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Katie B. Jolley

(Address) 1907 Druid Hill Ave.

6.23.1917 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 20 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 10 1917, to June 20 1917, that I saw h Ex alive on June 20 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardio vascular disease

(Duration) yrs. 4 mos. ds.

(Signed) H. S. McGaul M. D.

6/22, 191.7. (Address) 2005 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	June 23, 1917
20-UNDERTAKER John H. Toadvine	ADDRESS 142 W. Hoffman St.

Spec.—8-24-14—M. & T.—2000 lbs.

D 6251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6251

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 W Henrietta St., 23 WARD) REGISTERED No. C

2-FULL NAME Geo. Williams Sr.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 225 W. Henrietta St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, Widowed OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Unknown, 185?
(Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): Church

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Williams Jr.

(Address) 225 W. Henrietta St.

JUN 23 1917, 191.
Registrar.

ROBERT B. KRAUT
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1917, to June 20 1917, that I saw him alive on June 18 1917, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis

(Duration) yrs. mos. ds.

(Signed) J. Guy Bowley M. D.

6/22 1917 (Address) 136 W. 41st St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, June 24, 1917

20-UNDERTAKER John H. Toadvine

ADDRESS 142 W. Hill St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6252

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 N. Gay ST.; 4 WARD) REGISTERED NO. C 720

2-FULL NAME Rachel Nunnally

(Residence in Baltimore: No. 200 N. Gay St.; 25 yrs., ... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 30 (Day) 1867 (Year)

7-AGE, 49 yrs. 10 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Housework (b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), N. Y.

10-NAME OF FATHER, Adolph Werner

11-BIRTHPLACE OF FATHER (State or Country), N. J.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Nunnally

(Address) 200 N. Gay St.

....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 26 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,

that I saw h... alive on ..... 191...,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis & Bronchitis

Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Syphilis Probable

(Duration) ....yrs. ....mos. ....ds.

(Signed) Howard A. Kelly M. D.

June 27, 191... (Address) 1 E. Read's

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Cemetery

DATE OF BURIAL, June 28, 191.7

20-UNDERTAKER Wm. F. Lynn

ADDRESS 1422 Light St.

ROBERT B. KRAUTZ
Burial Permit Clerk

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6253

CERTIFICATE OF DEATH.

D 6253

6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 S. Bond ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Popowicz

(Residence in Baltimore: No. 717 S. Bond St. St.; 1 yrs., 9 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 26, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant.

9-BIRTHPLACE, State or Country), Baltimore

10-NAME OF FATHER, Pawel popowicz

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Leodgya Kasper

13-BIRTHPLACE OF MOTHER (State or Country), Austria

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Pawel popowicz.....

(Address)..717 S Bond St.....

JUN 23 1917 ROBERT R. KRAUTER

191.....
Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1917, to June 21 1917, that I saw h.r alive on ,, 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Congestion of Lungs

(Duration)...yrs...mos. 5 ds.

CONTRIBUTORY (Secondary) Measles

(Duration)...yrs...mos. 8 ds.

(Signed) A. G. Friedman M. D.

6/22, 191.., (Address) 918 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, June 23, 191.7

20-UNDERTAKER Wm Fialkowski ADDRESS 1118 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D-6254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18 D6254

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 W. Hamburg ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sitty Johnson

(Residence in Baltimore: No. 223 W. Hamburg St.; 56 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) ....., (Day) 1861 (Year)

7-AGE, 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Domestic (b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Isaac Spence

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Julia Lee

13-BIRTHPLACE OF MOTHER (State or Country), Md

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant Isaac Johnson

(Address) 223 W. Hamburg

JUN 28 1917 191.. ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27 (Month) (Day) 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 22 1917, to June 27 1917, that I saw h[er] alive on June 26 1917, and that death occurred, on the date stated above, at 1.40 a.m.

The CAUSE OF DEATH* was as follows:

Septic Meningitis

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Erysipelas

(Duration) ..... yrs. 1 mos. 7 ds.

(Signed) Guy Bowley M. D.

6/27, 191.. (Address) 136 W. 4th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, June 30 191.7

20-UNDERTAKER Jno H. Bradwell ADDRESS 1[illegible] Mad[illegible]

Spec.—5-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 115 Aisquith St.; 5 WARD) REGISTERED No. C 120

2-FULL NAME Moses Fleishman

(Residence in Baltimore: No. 115 Aisquith St.)

St.; 27 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Divorced

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 82 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work. None (b) General nature of industry, business, or establishment in which employed (or employer). 000

9-BIRTHPLACE, State or Country), Russia

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Goldman

(Address) 115 Aisquith St.

JUN 23 1917, 191. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1917, to June 21 1917, that I saw h[illegible] alive on June 20 1917, and that death occurred, on the date stated above, at 5.36 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) 2 yrs. — mos. — ds.

(Signed) Wm J. Baylin M. D.

6/21, 191.7. (Address) 24 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 115 Aisquith St

19-PLACE OF BURIAL OR REMOVAL, Reform Henning Plan — DATE OF BURIAL, June 24, 191.7.

20-UNDERTAKER Mat Linson — ADDRESS 1107 E Baltimore St

Spec.—5-24-14—M. & T.—2000 Bks.

D 6256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Madison Av ST. 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr Hillary E. Hardey

(Residence in Baltimore: No. 1426 Madison Ave St.; 40 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Widower

6-DATE OF BIRTH, Sept. 7, 1841
(Month) (Day) (Year)

7-AGE, 75 yrs. 9 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dentist
(b) General nature of industry, business, or establishment in which employed (or employer): 053

9-BIRTHPLACE, State or Country), Howard Co Md

10-NAME OF FATHER, Nicholas Hardey

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md

12-MAIDEN NAME OF MOTHER Elinor Haines

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant Mrs. Elinor Haines

(Address) 1426 Madison Ave

N 241917 ROBERT R. KRAUTH

....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22d, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1917, to June 22 1917, that I saw him alive on June 22 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobal Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Cardia Dilatation Edema of Lungs

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Joseph Gichner M. D.

June 23, 1917. (Address) 1576 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, June 25, 1917.

20-UNDERTAKER Harry W. Ehlen ADDRESS 1940 W North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+108

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Lee
(Residence in Baltimore: No. Cockeysville, Md. St.; ..... yrs., ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown
..... (Month) ..... (Day) 189.. (Year)

7-AGE, 28 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer), General

9-BIRTHPLACE, State or Country), Cockeysville, Md.

10-NAME OF FATHER, Geo. E. Lee

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Informant) William J. Stapleman
(Address) Pharm'd. Md.

JUN 24 1917 ROBERT R. KRAUTH
....., 191.. Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-21 1917, to 6-23 1917, that I saw h[illegible] alive on 6-23 1917, and that death occurred, on the date stated above, at 7-30 a.m.

The CAUSE OF DEATH* was as follows:
Appendecitis.
..... (Duration) ..... yrs. ....., mos. 6 ds.
CONTRIBUTORY (Secondary) Peritonitis
..... (Duration) ..... yrs. ....., mos. 3 ds.
(Signed) [signature] M. D.
....., 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 2 ds. In the State 28 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Cockeysville, Md
Former or usual residence Cockeysville, Md

19-PLACE OF BURIAL OR REMOVAL, Cockeysville Md. DATE OF BURIAL, June 24 1917.
20-UNDERTAKER Harman & Kemp ADDRESS 1349 Mary

Spec.—8-24-14—M. & T.—2000 Bks. Dorothy Finebluss

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6253 D 6253 30

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Finebluss

(Residence in Baltimore: No. 51½ N. Caroline St St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 14, 1917
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, State or Country), Maryland

10-NAME OF FATHER, Charles Finebluss

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah Sachs

13-BIRTHPLACE OF MOTHER (State or Country), Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

N 24917 ROBERT R. KRAUTER

....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14 191 7 to June 23 191 7, that I saw h.r alive on June 23 191 7, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis meningitis

(Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry B. Conrad M. D.

June 23 191 7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 10 mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 51½ N. Caroline St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL, 6/24, 1917

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

D 6259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152

D 6259

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Weiner

(Residence in Baltimore: No. 234 D. Caroline St. St.; ..yrs.. ..mos. ..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, June 18, 1917
(Month) (Day) (Year)

7-AGE, ..yrs. ..mos. 5 ds.

If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, State or Country), Balto. Md.

10-NAME OF FATHER, Jacob Weiner

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sophie Rachman

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Hospital

(Address) Records

JUN 24 1917 ROBERT B. KRAUTH

191.. Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 1917, to June 23 1917, that I saw him alive on June 23 1917, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

..... (Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) Congenital Atelectasis (Duration) ..yrs. ..mos. 5 ds.

(Signed) H. Schmuck M. D.

6-23, 1917. (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. 5 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Workmen circle Mt Carmel	June 24, 1917
20-UNDERTAKER	ADDRESS
Jack Levin	1411 E Balto

D 6260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

D 6260

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Ly Josephs Hospital ST.: 6 WARD)

2-FULL NAME Horace Wright

(Residence in Baltimore: No. 2005 Lincoln court St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	col	Single

6-DATE OF BIRTH, Unknown (Month) ....., 1872 (Day) (Year)

7-AGE. 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Co Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Brick Yard

9-BIRTHPLACE, (State or Country), Balto

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

PARENTS.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Wright

(Address) 617 N. Chapel St.

JUN 24 1917 ROBERT R. KRAUTER Burial Permit Clerk.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) had that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Traumatism head, pelvis, fall on tracks Accidental

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Fred Lauchheimer M. D.
(Coroner.)

June 22, 1917 (Address) 4 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown Probably

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Asbury Cem.	June 24, 1917
20-UNDERTAKER	ADDRESS
Harry A. Vodery	1725 Orleans St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

35

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Hunter

(Residence in Baltimore: No. Henry Watson Children's Aid St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, May 31, 1910 (Month) (Day) (Year)

7-AGE, 7 yrs. mos. 23 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, State or Country): Maryland

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER Mary Hunter

13-BIRTHPLACE OF MOTHER (State or Country), Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W Hunter

(Address) Johns Hopkins Hospital

N 24 1917 ROBERT R. KRAUTER

191 Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

10-DATE OF DEATH, June 23 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22 1917, to June 23 1917, that I saw h alive on June 23 1917, and that death occurred, on the date stated above, at 1.20 p.m.

The CAUSE OF DEATH* was as follows:

Generalized Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H Thurston M. D.

June 23, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Henry Watson Childrens Aid

19-PLACE OF BURIAL OR REMOVAL. Woodlawn DATE OF BURIAL, June 25, 1917

20-UNDERTAKER W M Cook ADDRESS 307 E North

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6262

CERTIFICATE OF DEATH.

109 D 6262

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr William Rosier

(Residence in Baltimore: No. 1305 Greenmount Ave City St.; 75 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 16, 1853 (Month) (Day) (Year)

7-AGE. 64 yrs. 3 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Produce Merchant

9-BIRTHPLACE, State or Country), Balto Co.

10-NAME OF FATHER, Harvey Rosier

11-BIRTHPLACE OF FATHER (State or Country), Balto. Co.

12-MAIDEN NAME OF MOTHER Hannah Stunt

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant). Annie M. Rosier

(Address)... 1305 Greenmount Ave

N 241917 ROBERT B. KRAUTER

....., 191... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1917, to June 22 1917, that I saw h.m alive on June 22 1917, and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Strangulated Umbilical Hernia

.....

.....

..... (Duration) 15 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Hiram Trued, M. D.

....., 191... (Address) 2551 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Market - Md

DATE OF BURIAL, June 25, 1917

20-UNDERTAKER Wm. Cook

ADDRESS 502 E. North

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6263

CERTIFICATE OF DEATH.

28

D 6263

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 William ST.; 28 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie A Eidman

(Residence in Baltimore: No. 1730 William St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOW OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ...7....(Month) ....2....(Day) 1895 (Year)

7-AGE, 21 yrs. 9 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, State or Country, Baltimore Md

10-NAME OF FATHER, Jno H Eidman

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Margaretha Fuhrer

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Eidman

(Address) 1730 William

N 241917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 21 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 1917, to June 21 1917, that I saw her alive on June 21 1917, and that death occurred, on the date stated above, at 8.45 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Jas A O Donnell M. D.

June 26 1917. (Address) 102 E Mt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount DATE OF BURIAL, June 24 191 7.

20-UNDERTAKER Jno J Lukas & Sons ADDRESS 31 Light

Spec.—8-24-14—M. & T.—2000 Blks.

D 6264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6264

REGISTERED No. C 6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2238 Essex ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sabilla M. Molloy

(Residence in Baltimore: No. 2238 Essex St.; 1 yrs., 4 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 22nd (Month) (Day), 1916 (Year)

7-AGE, 1 yrs. 4 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, State or Country), Balto. Md.

10-NAME OF FATHER, Cornelius S. Molloy

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Minnie Wiessner

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cornelius S. Molloy

(Address) 2238 Essex

JUN 24 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23rd (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13 1917, to June 23 1917, that I saw h[illegible] alive on June 23 1917, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

[illegible]

Intussusception

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) ....yrs. ....mos. 13 ds.

(Signed) A. C. Tumbleson M. D.

June 23 1917. (Address) 2413 Bank St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel — DATE OF BURIAL, June 24, 1917.

20-UNDERTAKER Lilly & Zeiler — ADDRESS 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6305 — 81 ✓ — D 6305

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 W. Lexington St.; 18 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Schenck

(Residence in Baltimore: No. 823 W. Lexington St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April 12, 1836 (Month) (Day) (Year)

7-AGE, 81 yrs. 2 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 80

9-BIRTHPLACE, State or Country), Germany.

10-NAME OF FATHER, Wm Deichler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant, Annie Keil

(Address) 823 W Lexington St

JUN 24 1917 191.... ROBERT R. KRAUTER Serial Number Chief Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17 191 7, to June 21 191 7, that I saw h[illegible] alive on June 20 191 7, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Hydrostatic Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Stanley Hoge M. D.

June 23 191 7 (Address) 2 W Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, June 24, 1917.

20-UNDERTAKER Geo Leimbacher & Son — ADDRESS 647 W Baltimore

D 6266

HEALTH DEPARTMENT--CITY OF BALTIMORE

83 ✓

CERTIFICATE OF DEATH

D 6266

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Aged Men & Womens Home (Col.) St. (Ward)

REGISTERED No. C

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emaline Brogden

(Residence in Baltimore: No. 1622 Druid Hill Ave. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: (Month) (Day) 1841 (Year)

7-AGE: 76 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Pusey

(Address) 1622 Druid Hill

Jun 24 1917 ROBERT B. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13, 1916 to June 22 1917 that I saw h[er] alive on June 21 1917 and that death occurred, on the date stated above, at 6 30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Blood-poisoning

(Duration) yrs. 2 mos. ds.

Contributory (SECONDARY) Varicose Ulcers of leg

(Duration) yrs. 6 mos. 1 ds.

(Signed) Edward V. Fitzgerald M.D.

6/23, 1917 (Address) 1118 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death 4 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: June 27, 1917

20-UNDERTAKER: John H Frazier — ADDRESS 142 Mosher St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6267

137

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 68 St. Josephs Hospital W WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gusta Gesina

(Residence in Baltimore: No. 1619 Lancaster St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, 36 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, State or Country), Poland

10-NAME OF FATHER, John Chojnacki

11-BIRTHPLACE OF FATHER (State or Country), Polana

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Narcess Gesina

(Address) 1619 Lancaster

JUN 24 1917, 191.. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22 1917, to June 23 1917, that I saw h-r alive on June 23 1917, and that death occurred, on the date stated above, at 3 30 A m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaemia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Owen J. O'Reilly M. D.

June 23, 1917. (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1619 Lancaster St

Former or usual residence 1619 Lancaster St

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, June 25 1917

20-UNDERTAKER William Fialkowski

ADDRESS 1618 Eastern ave.

(Over)

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6268

CERTIFICATE OF DEATH.

104

D 6268

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 Albemarle ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melone Antonio Tanzini.

(Residence in Baltimore: No. 127 Albemarle St.; ....yrs. 4 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Feb. 14, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0

9-BIRTHPLACE, State or Country), City.

10-NAME OF FATHER, Sabastiano Tanzini

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Carolina Guarieri

13-BIRTHPLACE OF MOTHER (State or Country), Italy

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Sabastiano Tanzini.

(Address) 127 Albemarle St.

N 241917 ROBERT R. KRAUTER

....., 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-23 1917, to 6-24 1917, that I saw h[illegible] alive on 6-24 1917, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Gastro enteritis
Inanition

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) S. D'Amarco M. D.

6-23, 191.7. (Address) 1607 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Duncans

DATE OF BURIAL. June 24 1917.

20-UNDERTAKER Kendell Zippel & Son

ADDRESS 330 S. Bond

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6269 D 6269

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1373 Gilmor ST.; 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Murty

(Residence in Baltimore: No. 1373 N. Gilmor St.; yrs., mos., ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 184[illegible] (Year)

7-AGE, 69. yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 03

9-BIRTHPLACE, (State or Country). Md.

10-NAME OF FATHER, Benedict Arnold

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Susan Welty

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Mary E. Murty

(Address) 1373 N. Gilmor

N 24 1917 ROBERT R. KRAUTER

....., 191... Burial Permit Issued. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15, 1917, to June 23, 1917, that I saw her alive on June 23, 1917, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Arterial sclerosis

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ~~~

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edwin B. Fenby, M. D.

June 24, 1917. (Address) 1223 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, June 25 1917.

20-UNDERTAKER F. A. Krause — ADDRESS 703 Hanover

D 6270

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

D 6270

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1440 Patapsco St. 23 WARD)

2 FULL NAME Dora Flamm (Flamm)

(Residence in Baltimore: No. 1440 Patapsco St. St.; yrs. mos. ds.)

(If death occured in a hospital or Institution give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: August (Month) 29 (Day) 1838 (Year)

7 AGE: 78 yrs. 9 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Annie McCambridge

(Address) 1440 Patapsco St

15 JUN 24 1917 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 23 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1917, to June 23 1917
that I saw her alive on June 23, 1917
and that death occurred, on the date stated above, at 12.30 m.
The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 2 yrs. 2 mos. —

Contributory (SECONDARY) (Duration) yrs. mos.

(Signed) A. A. Brackbein M.

, 191 (Address) 1328 S. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL: June 24, 191

20 UNDERTAKER: F. A. Kvara ADDRESS: 703 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6271

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Gorety Hospital ST.; 9 WARD) 79 ✓ REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Rohe

(Residence in Baltimore: No. 1602 Spring St St.; 69 yrs., 1 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May 6, 1848
(Month) (Day) (Year)

7-AGE, 69 yrs. 1 mos. 17 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work... General Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, State or Country), Md

10-NAME OF FATHER, John Rohe

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Wiseman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Rohe

(Address) 1602 N Spring

ROBERT R. KRAUTER
Registrar.

No 241917 191.... Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22 1917, to June 23 1917, that I saw him alive on June 23 1917, and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Ch Myocarditis

(Duration)....yrs....mos....ds.

(Signed) Edward J. McGuire M. D.

June 23 191.. (Address) 1 E Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1602 Spring St

Former or usual residence 1602 Spring St

19-PLACE OF BURIAL OR REMOVAL, Pikesville | DATE OF BURIAL, June 26, 191.

20-UNDERTAKER Robt J Smith | ADDRESS 17 & 21 Bway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6272 — D 6272 — D 6272

CERTIFICATE OF DEATH.

REGISTERED No. C 150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Rappenstein

(Residence in Baltimore: No. 133 Aisquith St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Single

6-DATE OF BIRTH, June (Month) 20 (Day), 1917 (Year)

7-AGE, yrs. mos. 2 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, State or Country), Balto Md.

10-NAME OF FATHER, D. Rappenstein

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Jennie Kolabeg

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address)

JUN 24 1917 ROBERT R. KRAUTER

....., 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 191 7, to June 23 191 7, that I saw h er alive on June 23 191 7, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Atelectasis

Primary

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Congenital Atelectasis

(Duration) yrs. mos. 3 ds.

(Signed) H. Lehrman M. D.

6-23, 191 7 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Cemetery Baltimore Md. DATE OF BURIAL, 6/24, 191 7

20-UNDERTAKER Jack Sears ADDRESS 1411 E Balto.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 D 6273

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 Maryland Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alverta Scott

(Residence in Baltimore: No. 2413 Maryland St.; 87 yrs., 5 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, Mulatto | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, December 26, 1829
(Month) (Day) (Year)

7-AGE, 87 yrs. 5 mos. 28 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, State or Country), Baltimore

10-NAME OF FATHER, George Richolen

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Hood

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Chas Laws

(Address) 2413 Maryland

JUN 24 1917 ROBERT R. KRAUTER

....., 191.... BURIAL PERMIT Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 - 1915, to June 23. 1917, that I saw h[er] alive on June 22 1917, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis & Hypertrophy

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. 3 mos. ds.

(Signed) Robert R. Krauter M. D.

June 24., 1917. (Address) 1111 Hampstead Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓ ✓ ✓

Former or usual residence ✓ ✓ ✓

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cem. DATE OF BURIAL, June 25, 1917.

20-UNDERTAKER Stewart & Jones Co ADDRESS 31 W Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 6274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 6274

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Claremont Ave St.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary Kneby

(Residence in Baltimore: No. 600 Claremont Ave St.; 50 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem'l

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, March 1st, 1847
(Month) (Day) (Year)

7-AGE, 70 yrs. 3 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Home 600

9-BIRTHPLACE, State or Country), Germany

10-NAME OF FATHER, Bernard Lubrecht

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Johanna K Pilmeyer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L C Kneby

(Address) 600 Claremont Ave

N 241917, 191.. ROBERT R. KRAUTER
Burial Permit ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23rd, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5th 1914, to June 23rd 1917, that I saw her alive on June 23rd 1917, and that death occurred, on the date stated above, at 9.05 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas L. Mortimer M. D.

June 24th, 1917. (Address) 5301 Fairfield Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State 50 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery | DATE OF BURIAL, June 26, 1917

20-UNDERTAKER Certain & Hoffe | ADDRESS 1220 Light St

Spec.—3-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6275

CERTIFICATE OF DEATH.

104 D 6275

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Chaplain St.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Sobus

(Residence in Baltimore: No. 2223 Chapland St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Mal | 4-COLOR OR RACE, Whl | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH, Sept 24, 1916 (Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 500

9-BIRTHPLACE, State or Country), Baltimore

10-NAME OF FATHER, Wojtech Sobus

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Apolonia Blachowicz

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Wojtech Sobus

(Address) 2223 Chapland St

JUN 24 1917 ROBERT R. KRAUTER 191.. D[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23 191 7, to June 23 191 7 that I saw h[illegible] alive on June 23 191 7, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

[illegible] (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. mos. 1 ds.

(Signed) W. J. Reamy M. D.

June 24, 191.. (Address) 705 S. Ann St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus | DATE OF BURIAL, June 25, 191 7

20-UNDERTAKER W. F. Sadowski | ADDRESS 705 S. Ann St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6276

CERTIFICATE OF DEATH.

71 D 6276

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 S. Luzerne St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bronislawa Stec

(Residence in Baltimore: No. 524 S. Luzerne av St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 27, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. 27 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Michael Stec

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Kalerie Pulek

13-BIRTHPLACE OF MOTHER (State or Country), Poland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Stec

(Address) 524 S. Luzerne av

JUN 24 1917 191.... ROBERT R. KRAUTER Registrar.

(Burial Permit Clerk)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 23 1917, to June 23 1917, that I saw h[illegible] alive on June 23 1917, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Interstitial Convulsions

coma

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) W. J. Ramsey M. D.

Jun 24 191.. (Address) 2018 Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus | DATE OF BURIAL, June 25, 191.7

20-UNDERTAKER M. F. Sadowski | ADDRESS 705 S. Ann St

D 6277

HEALTH DEPARTMENT—CITY OF BALTIMORE

56 ✓ D 6277

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. City Jail ST.: ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph F. Rada

(Residence in Baltimore: No. 922 N. Shuter St.: yrs., 31 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, March 1 (Month) (Day) (Year)

7-AGE, 31 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Bohemia

10-NAME OF FATHER, James Rada

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Josephine Kitopia

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wachs & Sons

(Address) Undertakers

JUN 25 1917 HARRY C. ABEL

....d....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

four days (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. T. Riley M. D.
(Coroner.)

Jun 23, 1917 (Address) 1637 Linden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 922 N. Shuter St.

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer — DATE OF BURIAL, June 25, 1917

20-UNDERTAKER Wachs & Sons — ADDRESS 1904-1908 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6278 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 D 6278

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Barnes ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Slechto

(Residence in Baltimore: No. 1621 Barnes St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. ..... May 1 ....., 1 ..... (Month) (Day) (Year)

7-AGE, 20 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

8-BIRTHPLACE, State or Country), Baltimore

10-NAME OF FATHER, James Slechto

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Lillian Conrad

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Lillian Slechto

(Address) 1621 Barnes St

JUN 25 1917

....., 191.....

HARRY C. ANDREWS
Deputy Register Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 21 ....., 1917.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1917, to June 21 1917, that I saw h... alive on June 21 191..., and that death occurred, on the date stated above, at 1030P m.

The CAUSE OF DEATH* was as follows:

..... a .....
..... Pulmonary Tuberculosis .....
.....
..... (Duration) ..... yrs. 3 ..... mos. 7 ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Louis Trudeau ..... M. D.

June 25, 1917. (Address) 1823 N. Howard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, June 25, 191.7

20-UNDERTAKER Frank Creek & Son

ADDRESS 1966 Gardner

Spec.—8-24-14—M. & T.—2000 Eks.

D 6279

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 ✓ D 6279

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 31 N Carlton ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Bollack

(Residence in Baltimore: No. 31 N. Carlton St.: 31 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Wife .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, State or Country), Germany

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Un Known

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis C. Bollack

(Address) 913 N. Mulberry St

HARRY C. ANSHEL

N 25 1917 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1916, to June 23 1917, that I saw h[illegible] alive on June 22 1917, and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac asthma

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) E. V. [illegible] M. D.

6/24/17 191... (Address) 700 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cem

DATE OF BURIAL, June 25, 191..7

20-UNDERTAKER Joseph B. Cook

ADDRESS 1003 W Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6280

CERTIFICATE OF DEATH.

64 D 6280

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Md General Hospital St.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Henrietta Brian

(Residence in Baltimore: No. 3624 Fairview Ave. East St.; 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, white | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, August (Month) 19th (Day), 1837 (Year)

7-AGE, 79 yrs. 8 mos. 4 ds. | If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, John Wesley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martha Wesley

13-BIRTHPLACE OF MOTHER (State or Country), Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C. Brian

(Address) Piedmont W. Va

..... 191.... Registrar.

HARRY C. ANDREWS
Burial Permit Clerk

JUN 25 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 16 1917, to June 23 1917, that I saw h[illegible] alive on June 23 1917, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Apoplexy - Causing

R.F. Hemiplegia

..... (Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Lee Hoff M. D.

June 25, 1917 (Address) Md Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. | In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 3624 Fairview Ave.

19-PLACE OF BURIAL OR REMOVAL, Western Cem | DATE OF BURIAL, June 26, 1917

20-UNDERTAKER Joseph B. Cook | ADDRESS 1003 W. Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

D 6281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 ✓ D 6281

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gussie Queen

(Residence in Baltimore: No. 9 Haven St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1892 (Year)

7-AGE, 25 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, State or Country), Md

10-NAME OF FATHER, George Scott

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co

12-MAIDEN NAME OF MOTHER Martha Bordley

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) above

JUN 25 1917

....., 191.... HARRY C. ANDREWS Local Registrar.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 22 (Day), 1917. (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 27 1917, to June 22 1917, that I saw h[er] alive on June 22 1917, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

TB Peritonitis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

..... (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) M. J. Egan M.D.

June 23 1917. (Address) St Jos Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 7 mos. ..... ds. In the State 25 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Balt Md

Former or usual residence 9 Haven St.

19-PLACE OF BURIAL OR REMOVAL, Pleasant Rest Cemetery Lawson, Md. DATE OF BURIAL, June 25, 1917.

20-UNDERTAKER Mrs. E. A. Elliott ADDRESS 406 East St.

D 6282

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

6 ✓ D 6282

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1518 E. Baltimore St St.: 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Proser

(Residence in Baltimore: No. 1512 E Balto St St.: 1 yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: November 1916 (Month) (Day) (Year)

7-AGE: 1 yrs. 1 mos. ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: Samuel Proser

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Edith Cohen

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Cohen (Uncle)

(Address) 1512 E Balto St

15. JUN 25 1917 191.. HARRY C. ANDREWS REGISTRAR

Burial Permit 01311

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 24 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1917, to, June 24 1917, that I saw h.er alive on June 24, 1917, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Measles

Pneumonary Oedema

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Broncho-pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed), Michael A. Abrams M. D.

June 25, 1917 (Address) 1634 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Henning Cem | DATE OF BURIAL: June 25 1917

20-UNDERTAKER: D. Simonds Bro | ADDRESS: Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6283

CERTIFICATE OF DEATH.

D 6283

92

1-PLACE OF DEATH University Hospital REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W Knott

(Residence in Baltimore: No. 134 E. Clement St.; 1 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 8th, 1881
(Month) (Day) (Year)

7-AGE, 36 yrs. 1 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Luke W. Knott

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lucretia Reny

13-BIRTHPLACE OF MOTHER (State or Country), Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie M Knott

(Address) 134 E. Clement St

HARRY C. ANDREWS
Burial Permit Clerk

JUN 25 1917 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22nd 1917, to June 23 1917, that I saw h in alive on June 23rd 1917, and that death occurred, on the date stated above, at 2.25 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm Boyd M. D.

June 23rd, 191.7 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. ..... mos. ..... ds. In the State 36 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 134 Clement St.

19-PLACE OF BURIAL OR REMOVAL, CEDAR HILL. DATE OF BURIAL, JUN 26 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6284 HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6284

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1504 Eutaw Place ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Rosenstein

(Residence in Baltimore: No. 1504 Eutaw Place St.; 35 yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May 10, 1850
(Month) (Day) (Year)

7-AGE, 67 yrs. 1 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, State or Country), ~~Bavaria~~ Germany

10-NAME OF FATHER, Leon Block

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rose Block

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J Lewis

(Address).....

JUN 25 1917 HARRY [illegible]
....., 191..., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 20 1917, to June 24 1917, that I saw h[illegible] alive on June 24 1917, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic Interstitial

(Duration)...yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia.

(Duration).....yrs.....mos. 3 ds.

(Signed) S. Wolman M. D.

June 25., 1917. (Address) 2407 Madison Ave

*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balt Hebrew Cem	June 26., 1917.
20-UNDERTAKER Jack Lewis	ADDRESS 1411 E Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

D 6285

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6285

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1345 Sargent ST. 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip H. E. Readmond

(Residence in Baltimore: No. 1345 Sargent St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. May (Month) 19 (Day), 1906 (Year)

7-AGE. 11 yrs. 1 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

BIRTHPLACE, State or Country), Baltimore

10-NAME OF FATHER, Philip H. E. Readmond

11-BIRTHPLACE OF FATHER (State or Country), St Marys County

12-MAIDEN NAME OF MOTHER Mary L. Brewer

13-BIRTHPLACE OF MOTHER (State or Country), St Marys Co Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Philip H. E. Readmond

(Address) 1345 Sargent St

JUN 25 1917 191.....HARRY O. ANDERSON Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH June (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to June 23 1917, that I saw h.. alive on June 23 1917, and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. 3 mos. ds.

(Signed) Stephen A. Davis M. D.

....., 191... (Address) 1717 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence ~~Now Orleans~~ Ethridge Miss

19-PLACE OF BURIAL OR REMOVAL, ~~Potters Field~~ DATE OF BURIAL, June 26 191.7

20-UNDERTAKER Jos Jacobs & Son ADDRESS 217 S. Paca

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6286

CERTIFICATE OF DEATH.

120

D 6286

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 Whatcoat ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Effie Viola Johnson

(Residence in Baltimore: No. 1323 Whatcoat St.; 34 yrs., mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH. June 9, 1883
(Month) (Day) (Year)

7-AGE, 34 yrs. mos. 14 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House work
(b) General nature of industry, business, or establishment in which employed (or employer). at Home

9-BIRTHPLACE, State or Country). md

10-NAME OF FATHER. Jessie W Lytle.

11-BIRTHPLACE OF FATHER (State or Country). md

12-MAIDEN NAME OF MOTHER Florance Clarke

13-BIRTHPLACE OF MOTHER (State or Country). md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Clarke

(Address) 1323 whatcoat st

JUL 25 1917 MAY BATEY C. ECKERS

....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1916, to June 23 1917, that I saw her alive on June 22 1917, and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchitis Acute

(Duration) 5 yrs. 6 mos. 4 ds.

(Signed) George C. Shannon M. D.

June 23, 1917. (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, June 26, 1917.

20-UNDERTAKER James H. Dennis

ADDRESS 1803 Orleans st.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6287

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6287

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Myrtle Ave ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Annie E. Newton

(Residence in Baltimore: No. 1406 Myrtle Ave St.) Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 13, 1898
(Month) (Day) (Year)

7-AGE, 19 yrs. 1 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Girl
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, State or Country), Maryland

10-NAME OF FATHER, Richard Newton

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Annie Gray

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

I CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Newton

(Address) 1406 Myrtle Ave

JUN 25 1917, 191.... HARRY O. ARMSTRONG
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7th 1917, to June 22 1917, that I saw h— alive on June 22 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. 3 mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Lee Ellis M. D.

6/25, 191.. (Address) 2214 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	June 25, 1917
20-UNDERTAKER John A. Bechtel	ADDRESS 107 N Fulton Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6288 HEALTH DEPARTMENT—CITY OF BALTIMORE 40 ✓ D 6288

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Safranek

(Residence if Baltimore: No. 1052 N. Durham St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February 17th, 1884 (Month) (Day) (Year)

7-AGE, 33 yrs. 4 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, State or Country), Bohemia

10-NAME OF FATHER, Jos. Ditrick

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Safranek

(Address) 1052 N. Durham St.

JUN 25 1917 MARY C. ANDREWS

....., 191.... DEPUTY REGISTRAR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/30/17 191.., to 6/22 191..7, that I saw h.. alive on 6/22 191..7, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma
(Clinical Diag)
(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Durand S. Jacobs M. D.

6/22, 191.7 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 23 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 21

Former or usual residence 1052 N Durham St.

19-PLACE OF BURIAL OR REMOVAL, Oak Hill Cem. DATE OF BURIAL, June 25, 191..7

20-UNDERTAKER Geo M. Sinn ADDRESS 811 N Wolfe

D 6289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 ✓

D 6289

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 685 Josephine ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Johnson

(Residence in Baltimore: No. 685 Josephine St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... (Month) ..... (Day), 1 (Year)

7-AGE, 1 yrs. 6 mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: nothing
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, William Johnson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Louisa Wallace

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Johnson

(Address) 685 Josephine St

JUN 25 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition caused by
Congenital Cardiac Malformation

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs.....mos.....ds.

(Signed) C. L. Duncan (Coroner) M. D.

June 21, 1917 (Address) 317 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, JUN 22 1917 19....

20-UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND.
Commissioner of Health.
Dr. WM. F. WOODALL.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6290 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓D 6290

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Whitehurst

(Residence in Baltimore: No. In Hospital St.; ..... yrs., ... mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 10 (Day) 1883 (Year)

7-AGE, 33 yrs. 3 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Ship Builder
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, State or Country), Maryland

10-NAME OF FATHER, William Whitehurst

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER — Wetzel

13-BIRTHPLACE OF MOTHER (State or Country), West Knox

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Carrie Whitehurst

(Address) 127 S. 6th St

JUN 25 1917 HARRY O. ANDREWS

....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 23 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 15 1917, to June 23 1917, that I saw h.. alive on June 23- 1917, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Operation shock

4 hrs (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Chronic Inf. Arthritis

2 (Duration) .....yrs. .....mos. .....ds.

(Signed) H. E. Cushman M. D.

June 23, 1917. (Address) St. Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 8 ds. In the State 33 yrs. 3 mos. 12 ds.

Where was disease contracted, if not at place of death? Md

Former or usual residence 1215 E. N.

19-PLACE OF BURIAL OR REMOVAL, Pine Lawn Cem

DATE OF BURIAL, June 27, 1917.

20-UNDERTAKER John Herring & Co

ADDRESS 2008 Orleans St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6291

D 6291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 1320

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Morrell

(Residence in Baltimore: No. 1906 Druid Hill Ave ST.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Unknown (Month), 1 (Day), (Year)

7-AGE, 27 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

8-BIRTHPLACE, State or Country), Md

10-NAME OF FATHER, John Jenkins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary King

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Ashley

(Address) Johns Hopkins Hosp

JUN 25 1917 191.. HARRY C. ARCHER, Registrar.

Burial Permit Filed

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 1917, to June 25 1917, that I saw h[illegible] alive on June 25 1917, and that death occurred, on the date stated above, at 2.40 p.m.

The CAUSE OF DEATH* was as follows:

Anaemia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 3 yrs. mos. ds.

(Signed) Mont R. Reid M. D.

June 25, 1917. (Address) 1906 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1906 Druid Hill Ave.

19-PLACE OF BURIAL OR REMOVAL, Hollins Point Md

DATE OF BURIAL, June 26 1917.

20-UNDERTAKER Groh Holland

ADDRESS 1631 D H Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 6292

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Shakespeare ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John. Wysocki

(Residence in Baltimore: No. 1618 Shakespeare St St.; ..... yrs., 3 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) S

6-DATE OF BIRTH, ... Mar. 13, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 21 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) ..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Frank. Wysocki

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Marya. Audrychowska

13-BIRTHPLACE OF MOTHER (State or Country) Russian. Poland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Frank. Wysocki

(Address) 1618 Shakespeare St

JUN 25 1917 ..... 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 24, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 21 191 7, to June 24 191 7 that I saw h— alive on June 24 191 7 and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Entero Colitis

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia Extreme

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

June 24 191 7 (Address) Fort Collins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, June 26, 1917.

20-UNDERTAKER William Fialkowski ADDRESS 1618 Eastern Ave.

D 6293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 6293

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2130 Morris ST. 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Evans

(Residence in Baltimore: No. 2130 Morris St.; yrs., 3 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col'd	Single

6-DATE OF BIRTH, March 20, 1913
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md.

10-NAME OF FATHER, James Evans

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mamie Lucas

13-BIRTHPLACE OF MOTHER (State or Country), Md.

PARENTS.

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 2130 Morris St

JUN 25 1917 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Labrella Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cold & Bronchitis

(Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

June 25, 1917. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem.	JUN 25 1917
20-UNDERTAKER Samuel J. Hendley	ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

D 6294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6294

REGISTERED NO. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1125 Druid Hill Av ST.; WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Perkins Wilson
(Residence in Baltimore: No. 1125 Druid Hill Av St.; Yrs. Mos. Ds.) Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 3 (Month) (Day) 1857 (Year)

7-AGE, 59 yrs. 9 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housewife (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, Samuel Hutchins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Frazier

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Wilson

(Address) 1125 Druid Hill Ave

JUN 25 1917 191.... HARRY O. ANDREWS Death Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 21 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14 1917, to June 20 1917, that I saw h[illegible] alive on June 20 1917, and that death occurred, on the date stated above, at 5.10 p.m.

The CAUSE OF DEATH* was as follows:

1. Mitral Insufficiency

2.

3.

(Duration) 27 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) yrs. mos. ds.

(Signed) E. Bernard Hughes M. D.

June 23, 191.7. (Address) 1412 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem DATE OF BURIAL: June 25 191..

20-UNDERTAKER: Samuel Handley ADDRESS 5 Park Pl

Spec.—9-24-14—M. & T.—2000 Bks.

D 6295 HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 6295

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Mc Cullah ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Horace K. Lutzyche

(Residence in Baltimore: No. 1011 Mc Cullah St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Sept 23, 1856 (Month) (Day) (Year)

7-AGE, 60 yrs. 9 mos. 0 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Insurance Agent
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), London England

10-NAME OF FATHER, Edgar Lutzyche

11-BIRTHPLACE OF FATHER (State or Country), London England

12-MAIDEN NAME OF MOTHER Emma Jones

13-BIRTHPLACE OF MOTHER (State or Country), London England

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude E. Doby

(Address) 1011 Mc Cullah St

JUN 25 1917 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 25, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16 1917, to June 23 1917, that I saw him alive on June 23 1917, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) W. K. Farnum M. D.

June 24, 1917. (Address) 117 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, June 26 1917

20-UNDERTAKER Robt. J. Turner — ADDRESS 1429 N. Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6296

CERTIFICATE OF DEATH.

151 ✓ D 6296

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 E. Charles ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie L. Martin

(Residence if Baltimore: No. 2112 E. Charles St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, June 23, 1 (Month) (Day) (Year)

7-AGE, ...yrs....mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work.....none.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

BIRTHPLACE, State or Country), Balto. Md

10-NAME OF FATHER, John Martin

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Lillian Clark

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) John Martin

(Address) 2112 E. Charles

JUN 25 1917 191.... ROBERT P. KRAUTER

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23 1917, to June 24 1917, that I saw h[er] alive on June 24 1917, and that death occurred, on the date stated above, at 3.0. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. Mitchell M. D.

June 25 1917. (Address) 1229 Williams St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. DATE OF BURIAL, June 25., 1917

20-UNDERTAKER M. J. Flynn ADDRESS 1422 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6297

CERTIFICATE OF DEATH.

64 D 6297

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Women Home ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth McMahon

(Residence in Baltimore: No. 1400 W Lexington St.; 8 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH, June 24, 1837
(Month) (Day) (Year)

7-AGE 80 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

10-NAME OF FATHER, Thos McMahon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Annie Sherry

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella J Jones Matron

(Address).....

JUN 25 1917 ROBERT B. KRAUTER

....., 191.... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1917, to June 24 1917, that I saw h.. alive on June 23 1917, and that death occurred, on the date stated above, at 3 H m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) [illegible] M. D.

June 25 1917 (Address) 1938 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 10 yrs. ..... mos. ..... ds. In the State 50 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at the Aged Women Home 1400 W. Lexington St

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cem — DATE OF BURIAL, June 26, 1917

20-UNDERTAKER Geo J Smith — ADDRESS 1000 W Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6298

REGISTERED No. 8

1-PLACE OF DEATH U. S. Marine Hospital

CITY OF BALTIMORE: (No. U. S. Marine Hospital ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Powers

(Residence in Baltimore: No. U. S. Marine Hospital St.; ..... yrs., 3 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Unknown ....., 188?
(Month) (Day) (Year)

7-AGE, 30 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Seaman .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, State or Country, Pennsylvania

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

I CERTIFY, THAT ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant Hospital records

(Address) .....

JUN 25 1917 ROBERT R. KRAUTER

....., 191.... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June ..... 24 ....., 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 23 1917 to June 24 1917, that I saw him alive on June 24 1917, and that death occurred, on the date stated above, at 4.5 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs Pulmonary

..... (Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) —

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. H. Vogel M. D.

June 25, 1917. (Address) U. S. Marine Hosp. Balto. Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 3 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence ?

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, June 26, 1917.

20-UNDERTAKER Dunnworth & Son — ADDRESS 317 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6299

CERTIFICATE OF DEATH.

D 6299

1-PLACE OF DEATH U. S. Marine Hospital No 28

CITY OF BALTIMORE: (No. U. S. Marine Hospital ST. (WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Henry

(Residence in Baltimore: No. U. S. Marine Hospital St. .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1887 (Year)

7-AGE, 30 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, State or Country), Maryland

10-NAME OF FATHER, Henry D Henry

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address) .....

JUN 25 1917 ROBERT R. KRAUTTER

....., 191..... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 1917, to June 24 1917, that I saw him alive on June 24 1917, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Chronic Pulmonary

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Tuberculosis of Larynx

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas A Vogt M. D.

June 25, 1917. (Address) U.S. Marine Hosp Balto Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 7 mos. 13 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, June 26, 1917.

20-UNDERTAKER Grenower & Son ADDRESS 317 Chestnut ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 6300

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 881 E. Fort ST.; 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Nancy E. Penn

(Residence in Baltimore: No. 801 E. Fort Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

3-DATE OF BIRTH, June 16, 1848 (Month) (Day) (Year)

6-AGE, 68 yrs. 11 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.

7-OCCUPATION: (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer)

8-BIRTHPLACE, State or Country), W. Va.

10-NAME OF FATHER, Ebenezer Talley

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Mary Martin

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant Mr. Penn.

(Address) 801 E Fort Ave

JUN 25 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191.., to June 24 1917, that I saw h er alive on June 25 1917, and that death occurred, on the date stated above, at 9.55 a. m.

The CAUSE OF DEATH* was as follows:

Hepatic Carcinoma

(Duration) 5 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Philip B. Towles M. D.

June 24, 191.7 (Address) 1432 Williams St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Hill — DATE OF BURIAL, July 26 191.7.

20-UNDERTAKER E J Fanning 1466 — ADDRESS Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6301

CERTIFICATE OF DEATH.

104

D 6301

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Eye Ear Infirmary ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant McGinnis

(Residence in Baltimore: No. Memorial Hospital; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, 6 (Month) 8 (Day) 1917 (Year)

7-AGE, 0 yrs. 0 mos. 13 ds. If LESS than 1 day, 0 hrs. or 0 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Maryland.

10-NAME OF FATHER, Vincent Phelicano

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Mary McGinnis

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

JUN 25 1917, 191... ROBERT R. KRAMER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 21 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 6-8 191 7, to 6-21 191 7, that I saw h[illegible]ive on 6-21 191 7, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Colitis

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) W. C. Manning M. D.

6-21, 191 7 (Address) Municipality Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND. DATE OF BURIAL, JUN 25 1917, 191...

20-UNDERTAKER Commissioner Health. ADDRESS

Asst. Wm. E. WEGDALL

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6302 — 15 — D 6302

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hosp. ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Colmo. Jolins (Parents Walker H. & Bessie Danson)

(Residence in Baltimore: No. 1503 Preston St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~, (*Write* the word.)

6-DATE OF BIRTH, June 24, 1917. (Month) (Day) (Year)

7-AGE, ½ Yr. yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Walker H. Danson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Bessie Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), Charles Co. Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

JUN 25 1917, 191... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 24 1917, to June 24 1917, that I saw h[illegible] alive on June 24 1917, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

(a. mos. Colins)

Prematue birth.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. T. Carr, Jr. M. D.

June 25 1917. (Address) 515 Mosher St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Bureau of Vital Statistics, Department of Health, State of Maryland

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6303 151 ✓ D 6303

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 E 23d St ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Child of William & Emma Scott

(Residence if Baltimore: No. 6/24/17 to 6/24/17 St.; yrs. mos. 1/2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. C C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 24th, 1917.
(Month) (Day) (Year)

7-AGE, X yrs. X mos. X ds. If LESS than 1 day, 9½ hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... X
(b) General nature of industry, business, or establishment in which employed (or employer) ... X

9-BIRTHPLACE, (State or Country), Baltimore Maryland

10-NAME OF FATHER, William J. Scott

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Emma Skinner

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ...

(Address) ...

6/24th, 1917. ROBERT R. KRAUTER 5223 Registrar.

N 25 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/24/17 10 A.M. 1917, to 6/24/17 7.20 P.M. 1917, that I saw h... alive on 6-24 at 11.30 A.M. 1917, and that death occurred, on the date stated above, at 7.20 P.M.

The CAUSE OF DEATH* was as follows:

1 Premature Birth (7 months)
as per statement of mother

(Duration) ... yrs. 7 mos. 24 hr.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. 7 mos. ... ds.

(Signed) Dr. Geo. L. Hall M. D.

6/24th, 1917. (Address) 1426 E. 23d St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 9½ ds. In the State ... yrs. ... mos. 9½ ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, ... DATE OF BURIAL, ..., 191...

20-UNDERTAKER ... ADDRESS ...

UNIVERSITY OF MARYLAND
Burial Permit Commissioner of Health.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6304

CERTIFICATE OF DEATH.

151 ✓ D 6304

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Division ST., 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Press

(Residence in Baltimore: No. 1222 Division St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, 6 (Month) 20 (Day) 1917 (Year)

7-AGE, 0 yrs. 0 mos. ds. If LESS than 1 day, 20 hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, State or Country), 1222 Division St

10-NAME OF FATHER, Albert Press

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Lillie Bevans

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

UN 251917 ROBERT R. KRAUTER

....., 191... Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/20 1917, to 6/21 1917, that I saw him alive on 6/21 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

..... (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Prematurity

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) H. A. Monroe M. D.

....., 191... (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Commissioner Health.

UNIVERSITY OF MARYLAND

Wm. E. WOODALL

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6305

CERTIFICATE OF DEATH.

28 ✓ D 6305

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 N Carey St. 16 WARD)

2-FULL NAME Mary Marie Howard

(Residence in Baltimore: No. 1004 N. Carey St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Wh

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, ... January ..... 1 .....
(Month) (Day) (Year)

7-AGE, 10 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Child .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md

10-NAME OF FATHER, Peter Howard

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lelia Jenkins

13-BIRTHPLACE OF MOTHER (State or Country) Alexandria Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Howard

(Address) 1004 N. Carey St.

UN 251917 ROBERT R. KRAUTER

....., 191.... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov 1st 1917, to June 24 1917, that I saw her alive on June 24 1917, and that death occurred, on the date stated above, at 3:20 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) C C McCarty M. D.

June 25 1917. (Address) 906 N Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, June 26 1917.

20-UNDERTAKER Brown & Freeland — ADDRESS 114 N. Schroeder St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6306 ✓120 D 6306

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Slater Parker

(Residence in Baltimore: No. Mercy Hospital St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, ..., 1858
(Month) (Day) (Year)

7-AGE, 59 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Gas Co.

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, John Parker

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julius Parker

(Address) Halethorpe

JUN 25 1917, ROBERT E. KRAUTH
....., 191.....
Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1917, to June 24 1917, that I saw him alive on June 24 1917, and that death occurred, on the date stated above, at 7.50 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Did not Cure

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) .....yrs. 5 mos. .....ds.

(Signed) Edward A. Smith M. D.

June 25, 1917. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 3 mos. ..... ds. In the State ..... yrs. Life mos. ..... ds.

Where was disease contracted, if not at place of death? Halethorpe Md

Former or usual residence Halethorpe Md

19-PLACE OF BURIAL OR REMOVAL Millikens Md. DATE OF BURIAL, June 27, 1917

20-UNDERTAKER Samuel A. Wright ADDRESS 1364 Mary

D 6307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 6307

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 805 Sapp St ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Oden Hawkins

(Residence in Baltimore: No. 805 Sapp St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Coloud.

5 ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Unknown (Month), (Day), 1867 (Year)

7 AGE: 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: General Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): A. A. Co Md.

PARENTS

10 NAME OF FATHER: Isaac Hawkins.

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Catharine Oden.

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Louis. Hawkins.
(Address) 805. Sapp. St.

15. JUN 25 1917 ROBERT R. KRAUTER
filed ....., 191.... Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 6 (Month) 23 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1917, to June 23 1917, that I saw h[illegible] alive on June 22, 1917, and that death occurred, on the date stated above, at 3. P. m.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Failing compensation

(Duration) yrs. 2 mos. ds.

(Signed) A. R. Hornstein M. D.

6/25, 1917 (Address) 733 Eutaw st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laud. Cemetery. DATE OF BURIAL: June. 26- ,1917

20 UNDERTAKER: Thos. R. A. Elliott. ADDRESS: 506. East. St.

Spec.—8-24-14—M. & T.—2000 Bks.

Mary V. Moylan

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6308

CERTIFICATE OF DEATH.

120

D 6308

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N Hill ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary V. Moylan

(Residence in Baltimore: No. # 5 N Hill St St.; 44 yrs., ... mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 31, (Day) 1873 (Year)

7-AGE, 44 yrs. ..... mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Patrick Moylan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Annie Louise

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs Agnes Hamilton

(Address)..... 5 N. Hill st

JUN 25 1917 ....., 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25 1917, to June 25 1917, that I saw her alive on June 24 1917, and that death occurred, on the date stated above, at 7:55 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Valvular Insufficiency of Heart

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. Whitacre M. D.

June 25, 1917. (Address) 1811 High St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, June 27, 1917.

20-UNDERTAKER F. A. Krause — ADDRESS 702 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

George Loos

D 6309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 6309

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 N. Glen ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Loos

(Residence in Baltimore: No. 531 N. Glen St.; 55 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Nov. 12, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. 7 mos. 13 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Hamer

(Address) 531 N. Glen st

JUN 25 1917

....., 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 3 1917, to June 23 1917, that I saw h[illegible] alive on June 23 1917, and that death occurred, on the date stated above, at 3:50 m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) W. E. Rey[illegible] M. D.

June 25, 1917. (Address) 1208 Hoshen

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetary

DATE OF BURIAL, June 27, 1917.

20-UNDERTAKER Christian Miller

ADDRESS 2534 Jefferson st

Spec.—8-24-14—M. & T.—2000 Bks.

D 6310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103 ✓ D 6310

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 243 S. Ellwood St.; 1 WARD)

2-FULL NAME Lodema Crouch

(Residence in Baltimore: No. 243 S. Ellwood St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, ... Jan (Month) 22 (Day), 1836 (Year)

7-AGE, 81 yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

BIRTHPLACE, (State or Country), Delaware

10-NAME OF FATHER, Jos. S. Pelham

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Clara Swann

(Address) 243 N. Ellwood

N 251917 ROBERT R. KRAUT[illegible]

....., 191... Burial Permit Registered

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1917, to June 25 1917, that I saw h[illegible] alive on Jun 24 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

..... Gastritis .....

.....

.....

..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) ..... Asthenia .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Wm E Burton M. D.

Jun 25, 1917 (Address) 762 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, June 27, 1917

20-UNDERTAKER Christian Miller — ADDRESS 733 Jefferson st

Spec.—8-24-14—M. & T.—2000 Bks.

D 6311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓ D 6311

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2646 Dulaney St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine C. Taylor

(Residence in Baltimore: No. 2646 Dulaney St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 28, 1889
(Month) (Day) (Year)

7-AGE, 27 yrs. 11 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Frank Deutsch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eva Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. C. Taylor

(Address) 2646 Dulaney St.

N 25 1917 ROBERT R. BEAUTER

....., 191... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1917, to June 24 1917, that I saw h[er] alive on June 24 1917, and that death occurred, on the date stated above, at 8:30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 8 yrs. 6 mos. ....ds.

(Signed) Robert C. Kelly M. D.

June 25, 1917. (Address) 2249 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL, June 26, 191.

20-UNDERTAKER George A. Tarby ADDRESS Fulton & Saratoga

D 6312

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6312

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1015 E Monument St., 5 WARD)

REGISTERED No. C 130

2-FULL NAME Joseph L. Henry,

(Residence in Baltimore: No. 1015 E Monument St.; yrs., Life mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, (Month) (Day) 1 (Year)

7-AGE, 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Bernard Henry

11-BIRTHPLACE OF FATHER (State or Country), Ireland,

12-MAIDEN NAME OF MOTHER Mary Mahoney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos B Henry

(Address) 705 S Caroline

Filed JUN 26 1917 191... MARRIED AND RECD Bernard Ward Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. F. Swartz M. D.
(Coroner)

Jan 26 191.. (Address) 11 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, June 26, 1917

20-UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

D 6313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓ D 6313

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE, No. 2708 Fenwick Ave St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Steinbrenus

(Residence in Baltimore: No. 2708 Fenwick Ave St.; 11 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Sept. 23rd, 1867. (Month) (Day) (Year)

7-AGE, 49 yrs. 9 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country). Balto. Md.

10-NAME OF FATHER. John H. Turner

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Mary Altvater

13-BIRTHPLACE OF MOTHER (State or Country). Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Steinbrenus

(Address) 813 - 2nd St.

JUN 26 1917 191.. HARRY C. ARMIGER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH June 23rd, 1917. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from February 15th, 191.., to June 23rd, 1917, that I saw h.. alive on June 23rd, 191.., and that death occurred, on the date stated above, at 4:15 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumat. Arthritis (Duration) 10 yrs. ..... mos. ..... ds.

Chronic Bronchitis (Secondary) (Duration) 4 yrs. ..... mos. ..... ds.

(Signed) Frank A. Mayer M. D.

June 25th, 191.. (Address) 1021 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. McDaniel

DATE OF BURIAL. June 26, 1917.

20-UNDERTAKER H. Sander & Son

ADDRESS 1100 Pratt St.

Spec.—5-24-14—M. & T.—2000 Bks.

D 6314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6314

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 North Hare ST.; 6 WARD) REGISTERED NO. C 28

2-FULL NAME Louise M. Booker

(Residence in Baltimore: No. 101 N. Hare St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 14th (Day), 1889. (Year)

7-AGE, 27 yrs. 8 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City Md.

10-NAME OF FATHER, Henry Meyer

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md

12-MAIDEN NAME OF MOTHER Margaret Endress

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William R. Booker

(Address) 101 N. Hare St.

UN 261917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 24th (Day), 1917. (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 6 1917, to June 24 1917, that I saw her alive on June 23 1917; and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) — yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Ruhberger M. D.

June 25, 1917.. (Address) 1704 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, June 27, 1917

20-UNDERTAKER H. Sanders & Sons — ADDRESS 710 Eutaw

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6315

D 6315

CERTIFICATE OF DEATH.

REGISTERED NO. C 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 N Franklin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME infant of Rosario & Teresa Bracato

(Residence in Baltimore: No. 536 N Franklin St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 24, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 7 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md

10-NAME OF FATHER, Rosario Bracato

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Teresa Glorioso

13-BIRTHPLACE OF MOTHER (State or Country), Italy

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Demarco

(Address) 226 S Howard St

JUL 26 1917 HARRY C. ANDREWS
Chief Permit Clerk
(Date) ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191 ..., to ..... 191 ...,
that I saw h..... alive on ..... 191 ...,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

congenital debility

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas Testa M. D.

....., 191... (Address) 210 Pearl St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Vincents

DATE OF BURIAL, June 27, 191 7

20-UNDERTAKER Jno J Tabby & Sons

ADDRESS 131 S Eutaw St

Spec.—8-24-14—M. & T.—2500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6316

CERTIFICATE OF DEATH.

151 ✓ D 6316

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 Cabenton Road ST.; 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E Saffell

(Residence in Baltimore: No. 615 Cabenton Road St.; 1½ yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 25 (Day), 1917 (Year)

7-AGE, yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, Charles E Saffell

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Delphina Vergana

13-BIRTHPLACE OF MOTHER (State or Country) California

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E Saffell

(Address) 615 Cabenton Road

JUN 26 1917, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 A.M 1917, to June 25 P.M 1917, that I saw him alive on June 25 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Immediate Cause of Death

Cardiac Exhaustion

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Passmatism Birth

(Duration) yrs. mos. 1 ds.

(Signed) Chester A. Woodward M. D.

, 191... (Address) 2800 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, June 27, 191 7

20-UNDERTAKER Wm Cook.

ADDRESS 502 E Natl

Chas Woodward, 2800 Edmonson ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6317.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6317

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 N. Carrollton Ave St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie K. Buehler

(Residence in Baltimore: No. 912 N. Carrollton Ave St.; 50 yrs. 11 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ... July (Month) 2 (Day), 1866 (Year)

7-AGE, 50 yrs. 11 mon. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, William Buehler

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Elizabeth Sours

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Ellen West

(Address) 912 N. Carrollton Ave

6.26.1917., 191..... MARY C. ANDREW, Deputy Clerk
Registrar.

Boller

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 25th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25th 191..., to June 25th 191.7, that I saw her alive on June 25th 191.7, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Addisons disease not probable Tuberculous of suprarenal capsules (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) ..... (Duration) yrs. mos. ds.

(Signed) John D. Pennington M. D.

June 25th, 191.7. (Address) 1826 Bolton st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence ✓

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cy DATE OF BURIAL, June 27, 191.7.

20-UNDERTAKER Stewart Mosers Co ADDRESS 108 W North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6318

D 6318

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 S Broadway ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wladyslaw Iwanik

(Residence in Baltimore: No. 802 S Broadway St.; yrs. 2 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Mar. 1, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) " "

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Max Iwanik

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Helena

13-BIRTHPLACE OF MOTHER (State or Country), Russia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Max Iwanik

(Address) 802 S Broadway

JUN 26 1917 ....., 191.. HARRY O. ARMS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 25, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21, 1917, to June 27 1917, that I saw h.. alive on June 27 1917, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) A F Kiel per H M Cran M. D.

June 25, 191.. (Address) W. S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, June 26, 191..

20-UNDERTAKER William Fialkowski — ADDRESS 1618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 D 6319

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 712. S Bethel ST.; 7 WARD) REGISTERED NO. C

2-FULL NAME Andrew Burdinski

(Residence in Baltimore: No. 712. S Bethel St.; yrs., mos. 1 day)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 25 (Day), 1917 (Year)

7-AGE, yrs. mos. ds. If LESS than 1 day, 12 hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, John Burdinski

11-BIRTHPLACE OF FATHER (State or Country), Russian Pol.

12-MAIDEN NAME OF MOTHER Mary Wasinsky

13-BIRTHPLACE OF MOTHER (State or Country), Russ Pol.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Burdinski

(Address) 712 S. Bethel

JUN 26 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 25 1917, to June 25 1917, that I saw h— alive on June 25 1917, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Weakness

(Congenital Cardiac Weakness) 6 hrs.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Valentine M. D.

June 25, 1917. (Address) 165 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, June 26, 1917

20-UNDERTAKER William Gallowsky ADDRESS 1618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 6320

CERTIFICATE OF DEATH.

97 ✓ D 6320

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 Bank ST.; ✓ WARD) REGISTERED No. C

2-FULL NAME Charles W Stansbury

(Residence in Baltimore: No. 1738 Bank St.; Life Yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH Aug. 23 (Month) (Day), 1893 (Year)

7-AGE. 23 yrs. 9 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Balto Md.

10-NAME OF FATHER, Wm Stansbury

11-BIRTHPLACE OF FATHER (State or Country), Balto County

12-MAIDEN NAME OF MOTHER Harriet Trego

13-BIRTHPLACE OF MOTHER (State or Country), Balto County

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie Stansbury

(Address) 1738 Bank St

N 261917 HARRY C. ANDREWS

....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22nd, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18th 1917, to June 22nd 1917, that I saw h... alive on June 22nd 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Asphyxia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

(Signed) Jacob F. Warnow M. D.

6-23, 191.7 (Address) 30 S. B'way

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Balto Cemetery

DATE OF BURIAL, June 26, 191.7

20-UNDERTAKER John A Moran

ADDRESS Bank & Caton Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 6321

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6321

CERTIFICATE OF DEATH.

105

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Carter

(Residence in Baltimore: No. 1023 Parsol alley St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word), Married

6-DATE OF BIRTH, Not known ....., 1 .....
(Month) (Day) (Year)

7-AGE, 36 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... "

BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country) Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Balto City

JUN 26 1917 HARRY C. ANDREWS

....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 16 1917, to June 21 1917, that I saw him alive on June 21 1917, and that death occurred, on the date stated above, at 4.00 p.m.

The CAUSE OF DEATH* was as follows:

Ulcerative Colitis

about

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Influenza

..... (Duration) ..... yrs. ..... mos. Few days ds.

(Signed) Edward F. Dennis M. D.

June 21, 191 7 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 5 ds. In the State ..... yrs. 16 mos. ..... ds.

Where was disease contracted, if not at place of death? 1023 Parsol al

Former or usual residence 1023 Parsol al

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, JUN 25 1917, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

Per. Wm. E. WOODALL

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 6322

CERTIFICATE OF DEATH

120 ✓

D 6322

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2019 Oak St St. 12 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ida Moore

(Residence in Baltimore: No. 2019 Oak St St.: 49 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colard

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): married

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: 49 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

9 BIRTHPLACE (State or country): Marland

PARENTS

10 NAME OF FATHER: Dont no

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: dont no

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John moore

(Address) 2019 oak st

15 Filed JUN 26 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 23 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1917, to. June 23, 1917, that I saw her alive on June 23, 1917, and that death occurred, on the date stated above, at 7.10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Acute dilatation heart

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed), Chas A Hetherington M. D.

June 26, 1917 (Address) 1807 N Forth Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mount Auburn Cemetery — DATE OF BURIAL: June 26, 1917

20 UNDERTAKER: John H Toadvine — ADDRESS: 142 N Hill St

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 6323

CERTIFICATE OF DEATH

120

D 6323

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2210 Maryland Ave ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph R. Tearney

(Residence in Baltimore: No. 2210 Maryland Ave St.; 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-~~SINGLE~~ MARRIED ~~WIDOWED~~ OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH ..... June 17 (Month) (Day), 1855 (Year)

7-AGE 62 yrs. 5 mos. 8 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) W. Va.

PARENTS

10-NAME OF FATHER Joseph R. Tearney

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Jane E. Maurer

13-BIRTHPLACE OF MOTHER (State or country) Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Joseph R. Tearney

(Address) 2210 Maryland Ave

15.

Filed JUN 26 1917 191 HARRY C. ANDERS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10th, 191 7, to June 25th 191 7, that I saw h.. alive on June 25th, 191 7, and that death occurred, on the date stated above, at 5:45 p.m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis
Chronic Nephritis

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY) Cardiac Hypertrophy

(Duration) yrs. mos. 20 ds.

(Signed) E. Edmund Kierle C, M. D.

June 26th, 191 7 (Address) 1100 Linden ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Harlem Park W. Va	June 26, 1917
20-UNDERTAKER	ADDRESS
Chas. E. Evans & Son	718 W. Mt. Royal Ave

D 6324 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 6324

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 5 WARD) 17

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nick Saunders

(Residence in Baltimore: No. 233 N Forest St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Colored	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Dept.

(Address)

JUN 26 1917 HARRY C. ANDREWS

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull -
Accidentally fell from Window
at residence (Duration) few hours yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) A. T. Kelly (Coroner.) M. D.

June 25, 1917. (Address) 1637 Rowdey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem.	June 27, 1917.
20-UNDERTAKER Mrs J. G. Locks	ADDRESS 1302 Jefferson St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 6325

CERTIFICATE OF DEATH.

28 D 6325

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 S. Bethel ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Rolrs

(Residence in Baltimore: No. 209 Herring ct. St.; 31 yrs., 11 mos., 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... June (Month) 27 (Day), 1885 (Year).

7-AGE, 31 yrs. 11 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Porter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Wm H. Rolrs

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Josephine Pierce

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Rolrs

(Address) 209 Herring St.

N 26 1917 191.. HARRY C. ANDREWS Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 23rd (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 21st 1917, to June 23rd 1917, that I saw h.. alive on ..... 191.., and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Exhaustion

..... (Duration) ..yrs. ..mos. 30 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs (Duration) ..yrs. 6 mos. ..ds.

(Signed) Jacob L Clemens M. D.

6 23, 1917. (Address) 30 2 Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	June 27, 1917
20-UNDERTAKER	**ADDRESS**
Theodore White	113 S. Wolfe St

D 6326

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6326

CERTIFICATE OF DEATH.

REGISTERED No. C 175

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph R. Sheldon

(Residence in Baltimore: No. 1505 McHenry St.)

38 Yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, August 23, 1888.
(Month) (Day) (Year)

7-AGE, 38 yrs. 8 mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Delivery Wagon

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Robert Sheldon

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Mary Gardner

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Barnstricker

(Address) 1505 McHenry St

JUN 26 1917 191.. ROBERT R. KRAUS
Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hemiplegia, following fracture of skull, caused by being thrown from the seat of wagon which he was driving (Accidental)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Robert E. Driscoll M. D.
(Coroner.)

June 25 1917. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westen — DATE OF BURIAL, June 27, 1917

20-UNDERTAKER Jas. B. Cook — ADDRESS 1003 W. Baltimore St.

Spec.—5-19-13—M. & T.—500 Bks.

John R. Osbon

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6327.

CERTIFICATE OF DEATH.

79 D. 6327.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Gorsuch & Bowman ST.; 15 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R. Osbon

(Residence in Baltimore: No. Gorsuch & Bowmans Brannan Ave St.; 16 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 8, 1856
(Month) (Day) (Year)

7-AGE, 60 yrs. 4 mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Drygoods House

9-BIRTHPLACE, (State or Country), England

10-NAME OF FATHER, Thomas W. Osbon

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Anna Pelham

13-BIRTHPLACE OF MOTHER (State or Country), England.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Osbon

(Address) Gorsuch & Bowmans

JUN 26 1917 ROBERT B. KRAUTZ

..... 191.... Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 24 1917, to June 24 1917, that I saw him alive on June 23 1917, and that death occurred, on the date stated above, at 8:30a m.

The CAUSE OF DEATH* was as follows:

Septic Endocarditis

(Duration) yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(Duration) yrs. 3 mos. ..... ds.

(Signed) F. C. Carnes M. D.

June 26, 191.7 (Address) 1236 N. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem

DATE OF BURIAL, June 27, 191.7

20-UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

D 6328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 6328

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2429 Greenmount AVE ST.) 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Klein

(Residence in Baltimore: No. 2429 Greenmount Ave Sex M 45 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M.

4-COLOR OR RACE, W.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married.

6-DATE OF BIRTH, June 1, 1846
(Month) (Day) (Year)

7-AGE, 70 yrs. 0 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, Mr? Klein.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Klein

(Address) 2429 Greenmount Ave

JUN 26 1917, 191..... ROBERT R. KRAUTER
Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 23 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 12 1917, to June 23 1917, that I saw him alive on June 23 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia.

(Duration) yrs. mos. 10 ds.

(Signed) A. W. Gadden M. D.

6/24/17, 191... (Address) 321 E 25th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, June 27, 191 7

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W Balto St

D 6329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital St.) 15 WARD) 17 ✓

REGISTERED No. C D 6329

2-FULL NAME William E. Parran

(Residence in Baltimore: No. 1700 W. North Ave. St.; 16 yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male.	White	Single.

6-DATE OF BIRTH. November 13, 1865.
(Month) (Day) (Year)

7-AGE. 51 yrs. 7 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work. Lineman
(b) General nature of industry, business, or establishment in which employed (or employer). with Gas & Elec. Co.

9-BIRTHPLACE, (State or Country). Georgia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ella Fae Poole

(Address) Salisbury, N. C.

JUN 26 1917 ROBERT R. KRAUT[illegible]

[illegible] 191... Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull and Shock caused by falling from an Electric pole, by Short circuit becoming loose, (Accidental)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward D. Driscoll M. D.
(Coroner)

June 25, 1917. (Address) 317 S. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS).
At place University Hospital 3 mos. ds. In the
of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park — DATE OF BURIAL. June 27 1917

20-UNDERTAKER. Joseph B. Cook — ADDRESS 1003 W. Balto St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 6330

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 E. West St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Brennan

(Residence in Baltimore: No. 28 E. West St.; 52 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH. Dont Know ....., 1842
(Month) (Day) (Year)

7-AGE, 74 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At home

9-BIRTHPLACE, (State or Country), Ireland

10-NAME OF FATHER, John Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Nellie Boyle

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catharine M. Brennan

(Address) 28 E. West St

JUN 26 1917 ROBERT R. KRAUT

....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1917.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 10 1917, to June 24 1917, that I saw her alive on June 24 1917, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial nephritis

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis & Debilitation

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Jas A O'Donnell M. D.

June 26 191 7. (Address) 107 E. Mulberry St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cem.	June 27.., 191..
20-UNDERTAKER M. J. Flynn	ADDRESS 1412 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 D 6331

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 6 St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris Doran

(Residence in Baltimore: No. 29 N. Linwood St.; 3 yrs., X mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May 31, 1914
(Month) (Day) (Year)

7-AGE, 3 yrs. ..... mos. 26 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

10-NAME OF FATHER, John L. Doran

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Florence Berger

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Doran

(Address) 297 Linwood ave

JUN 26 1917 191..... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17 191..., to June 24 191 7, that I saw h er alive on June 26 191..., and that death occurred, on the date stated above, at 6 45 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

Secondary to measles

(Duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) K. Huntsman M. D.

June 26, 1917. (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cem. DATE OF BURIAL, June 27, 1917

20-UNDERTAKER M. D. Flynn ADDRESS 14 22 Light

17
48
69 D 6332

Henry Kyle.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 ✓

D 6332

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 405- Inw ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Kyle

(Residence in Baltimore: No. 405- Inw St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col'd	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
48 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... on St.

9-BIRTHPLACE, (State or Country), Tennessee

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (State or Country), Tenn.

12-MAIDEN NAME OF MOTHER Mary McKinney

13-BIRTHPLACE OF MOTHER (State or Country), Tenn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... [illegible]

(Address)..... 405- Inw St

JUN 26 1917 ROBERT R. KRAUTER

Filed....., 191... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.)
.....find that said deceased came to.....death on the day stated above.
The CAUSE OF DEATH* was as follows:

Apoplexy

[illegible]

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) [illegible]

..... (Duration).....yrs.....mos.....ds.

(Signed) [illegible] M. D.
(Coroner.)

June 26, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	June 27 1917

20-UNDERTAKER John H. Soadin ADDRESS 1419 E Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X13 D 6333

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. ST.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Morgan

(Residence in Baltimore: No. Crisfield Md St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1882 (Year)

7-AGE,	If LESS than 1 day,
35 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer): H.W.

9-BIRTHPLACE, (State or Country), Mass

10-NAME OF FATHER, J.W. Stokes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jennie Holland

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Morgan

(Address) Crisfield Md

JUN 26 1917 ROBERT R. KRAUT[illegible]

....., 191... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 26 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 18 1917, to June 26 1917, that I saw her alive on June 26 1917, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Unilateral Chronic Salpingitis

(Duration) Unknown yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Abortion

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

June 26, 1917 (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 8 ds. In the State 30 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 0

Former or usual residence Crisfield Md.

19-PLACE OF BURIAL OR REMOVAL, Crisfield Md. DATE OF BURIAL, June 28 1917.

20-UNDERTAKER Wm Cook ADDRESS 502 E Main

Spec.—8-24-14—M. & T.—2000 Blks.

D 6331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 6331

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 E Eager ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gerard. S. Schafer

(Residence in Baltimore: No. 1512 E. Eager St St.; ....yrs., 3 mos. 5 de.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 23 (Day), 1917 (Year)

7-AGE, ...yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

10-NAME OF FATHER, Mathias S. Schafer

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary Trenner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Mathias S. Schafer

(Address) 1512 E Eager St

JUN 27 1917 191.... HARRY C. ANDREAE Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 26 (Day), 1917 (Year).

17 I HEREBY CERTIFY, That I attended deceased from June 18 1917, to June 26 1917, that I saw him alive on June 26 1917, and that death occurred, on the date stated above, at 8 0 m.

The CAUSE OF DEATH was as follows:

Gastro-Enteritis

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs. ....mos. ....ds.

(Signed) Benj. D. Hamilton M. D.

June 26 1917. (Address) 1216 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, June 27 191.

20-UNDERTAKER Henry Hoeck & Son

ADDRESS 30 E Eager

Spec.—8-24-14—M. & T.—2000 Blks.

D 6335

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6335

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 855 Fernmount Ave St.; 10th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Max Goldblatt

(Residence in Baltimore: No. 855 Fernmount Ave St.; 2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec. 10th, 1868
(Month) (Day) (Year)

7-AGE, 48 yrs. 6 mos. 16 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)..... Knee pants

9-BIRTHPLACE, (State or Country), Russia

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. Max Goldblatt

(Address) 855 Fernmount Ave

N 27 1917

....., 191.....

HARRY C. AS[illegible]
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 1916, to June 26 1917, that I saw him alive on June 26 - 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

(Clinical) Carcinoma of Stomach

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Anemia

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Martha B Bodenheimer, M. D.

June 26, 1917. (Address) 2114 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Home-Rem	June 28, 1917
20-UNDERTAKER Jack Lewis	ADDRESS 1411 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6336

CERTIFICATE OF DEATH.

REGISTERED No. C 4120

D 6336

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 N. Paca ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Mueller

(Residence in Baltimore: No. 125 N. Paca St.; 49 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE,~~ MARRIED, WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.)
Female	white	Widow

6-DATE OF BIRTH, Aug 14, 1853. (Month) (Day) (Year)

7-AGE, 63 yrs. 10 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, Philip Molitor

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Gertrude Molitor

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dorothy Mentz

(Address) 125 N. Paca St.

JUN 27 1917

d....., 191..... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1915, to June 26 1917, that I saw h.r alive on June 25 1917, and that death occurred, on the date stated above, at 1.40 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY. (Secondary) Organic heart lesions

(Duration) 1 yrs. mos. ds.

(Signed) Bernard A. Beach M. D.

6-27, 1917. (Address) 1 E. 21st St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem.	June 29, 1917.

20-UNDERTAKER Harry W. Ehlen ADDRESS 1922 W. Northern

Spec.—8-24-14—M. & T.—2000 Bks.

D 6337.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6337

CERTIFICATE OF DEATH.

150

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 N Bradford St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Barbarsky

(Residence in Baltimore: No. 803 N Bradford St.; ....yrs. ....mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, June 25, 1917. (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... Infant (b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Frank Barbarsky

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Theresa Mraz

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Barbarsky

(Address) 803 N Bradford St

JUN 27 1917 HARRY O. ANDREWS

....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1917. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 25 191.., to June 26 191.., that I saw h.. alive on June 26 191.., and that death occurred, on the date stated above, at 1300 m.

The CAUSE OF DEATH* was as follows:

Malaria Stenosis

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) M. D.

June 27, 191.. (Address) 200 S Caton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	June 27, 1917.
20-UNDERTAKER Frank Brackbay	ADDRESS 706 Eastlake

Spec.—8-24-14—M. & T.—2000 Blks.

D 6338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

39 D 6338

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 N. Calhoun St. 5 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Quick

(Residence in Baltimore: No. 1620 N. Calhoun St. St.; 5/6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 1 (Day), 1836 (Year)

7-AGE, 66 yrs. 11 mos. 25 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Watchman
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Henry Quick

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Catherine Smith

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma A. Whitney

(Address) 2505 Roslyn Ave

JAN 27 1917 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 26 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1917 to June 26 1917, that I saw h[illegible] alive on June 25 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Diphtheria

Left Lung Fever

Clinical (Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. C. Burnstock M. D.

6-26-, 191.7 (Address) 1327 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount DATE OF BURIAL, June 28 191.7

20-UNDERTAKER Josiah Tyson ADDRESS 1600 N. North Ave.

Spec.—3-24-14—M. & T.—2000 Bks.

D 6339

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6339

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 1009 N Calhoun St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Susan Spencer

(Residence in Baltimore: No. 1009 N Calhoun St.; 7 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, January, 1867
(Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds. | If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Evangeline Arrington

(Address) 908 N Bond St

JUN 27 1917 191..... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 191..., to June 24 191..., that I saw h[illegible] alive on June 24 191..., and that death occurred, on the date stated above, at 5.40 p m.

The CAUSE OF DEATH* was as follows:

AC Myocarditis - 4
Gastritis 4 yrs

(Duration) yrs. 4 mos. 4 ds.

CONTRIBUTORY (Secondary) [illegible] (Duration) yrs. mos. ds.

(Signed) Edward Short M. D.

June 26 191... (Address) 1512 Druid Hill

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem | DATE OF BURIAL, June 28 191...

20-UNDERTAKER Sam H. Chase & Son | ADDRESS 1400 Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

10.3° D 6340

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 6340

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Riggs Av ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C. Woodland

(Residence in Baltimore: No. 1404 Riggs Ave St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Negro	Married

6-DATE OF BIRTH, ? (Month) ? (Day) 1739 (Year)

7-AGE. 78 78 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), St. Mary's County Md.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ? Unknown

13-BIRTHPLACE OF MOTHER (State or Country). ? Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C Boyd

(Address) 1375 Whitelock St

JUN 27 1917, 191.... HARRY C. ANDREAS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13 1917, to June 25 1917, that I saw him alive on June 24 1917, and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Old

(Duration) yrs. mos. ds.

(Signed) J. J. McKee M. D.

6/25 191.7 (Address) 739 George St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
National Cem	June 27, 1917
20-UNDERTAKER Sam'l H Chase & Son	ADDRESS 1400 Madison

D 6341

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 20

D 6341

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Elizabeth Scott 17 St.; .....WARD)

2-FULL NAME 519 N Lanvale St

(Residence in Baltimore: No. 519 N Lanvale St.; 7 yrs. ..... mos. ..... ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colard

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Maried

6-DATE OF BIRTH: Dont know (Month) ....., 1 (Day) ..... (Year)

7-AGE: 60 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Hom Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: geoge Clifton

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Jane Patterson

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) anderson Scott

(Address) 519 W Lanvale st

15 JUN 27 1917 Filed ....., 191.....

HARRY C. ARNOLD
Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 24 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1917, to June 24 1917, that I saw h[illegible] alive on June 23, 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Tempelygmatosa
nephritis

(Duration) 5 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Uncertain

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L H Hamburger M. D.

June 26 1917 (Address) 1701 E Mulb a

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount auburn — DATE OF BURIAL: June 27 1917

20-UNDERTAKER: John H Owens — ADDRESS: 538 Dolphin st

Spec.--8-24-14—M. & T.—2000 Bks.

D 6342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6342

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 935 Pierce St.; 18 WARD) REGISTERED No. C 79

2-FULL NAME Martha Gray

(Residence in Baltimore: No. 935 Pierce St.; 10 yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	Col'd	Wid'd

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 66 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Howard Co Md

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont know

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Washington DC

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Parker

(Address) 935 Pierce St

JUN 27 1917 191... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 191 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Apr 1 191 , to June 26 191 , that I saw h alive on June 191 , and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. ds.

(Signed) T. Howard M. D.

June 26, 191 (Address) 937 Fairfield Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loud Cemy — DATE OF BURIAL, June 28, 1917.

20-UNDERTAKER John T. Owens — ADDRESS 534 Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6343

CERTIFICATE OF DEATH.

79 D 6343

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 Hanover St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Doring

(Residence in Baltimore: No. 1904 Hanover St.; 20 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, March 3, 1853
(Month) (Day) (Year)

7-AGE, 64 yrs. 4 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stock Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, John Doring

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Lamar

(Address) 1904 Hanover St

JUN 27 1917 191.... HARRY C. ANDREWS
Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 25, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1917, to June 1917, that I saw h.im alive on June 20 1917, and that death occurred, on the date stated above, at 4 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Asthma & Nephritis

(Duration) 10 yrs. mos. ds.

(Signed) R. E. Wiat M. D.

, 191... (Address) 105 N Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cokesbill Cem. DATE OF BURIAL, June 27, 191..

20-UNDERTAKER Mrs. J. E. Evans & Sons ADDRESS 1425 Eutaw

28

Spec.—8-24-14—M. & T.—2000 Bks.

D 6341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C D 6341

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Womans Hospital St.; 18 Ward) 117

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Johanna Stoun

(Residence in Baltimore: No. Waverly Apartments St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, April (Month) 28 (Day), 1863 (Year)

7-AGE, 54 yrs. 1 mos. 28 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housewife (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Co Md

10-NAME OF FATHER, Alfred Sparks

11-BIRTHPLACE OF FATHER (State or Country), Balto Co. Md

12-MAIDEN NAME OF MOTHER Sara Ensor

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co. Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sara Cramer

(Address) Waverly Apts.

N 27 1917

..... 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 1917, to June 25 1917, that I saw her alive on June 25 1917, and that death occurred, on the date stated above, at 5.17 P.m.

The CAUSE OF DEATH* was as follows:

Pelvic peritonitis

Cause unknown

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Post Operation shock

(Duration) ... yrs. ... mos. 4 ds.

(Signed) Lewis Right M. D.

June 25, 1917. (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge DATE OF BURIAL, June 27, 191.7

20-UNDERTAKER, John C. Mitchell ADDRESS 120 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 D 6345

1-PLACE OF DEATH Womans Hospital. REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Schwartzman

(Residence in Baltimore: No. 1718 Baltan ..... St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, ... June (Month) ..... 26 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 8½ hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland.

10-NAME OF FATHER, Samuel Schwartzman

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Anna Aleksenman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Samuel Schwartzman

(Address) ..... 826 Brookshire

N 27 1917, 191..... HARRY C. ANDREWS
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) ..... 26 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 26 1917, to June 26 1917, that I saw h alive on June 26 1917, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

..... Congenital atelectasis .....

..... (Duration) ..... yrs. ..... mos. 8½ hrs.

CONTRIBUTORY (Secondary) ..... none .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Charles R Brooke ..... M. D.

June 26, 1917. (Address) ..... C Womans Hospital .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8½ hrs. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baker Herring Burn — DATE OF BURIAL, June 29 191.7

20-UNDERTAKER J Levinson & Bro — ADDRESS 107 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 6346

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 N Wilcox ST.; 9th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E Walter

(Residence in Baltimore: No. 1323 N Wilcox St.; 50 yrs., 7 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) married

6-DATE OF BIRTH, Oct (Month) 28 (Day), 1866 (Year)

7-AGE, 50 yrs. 7 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at
(b) General nature of industry, business, or establishment in which employed (or employer): home

9-BIRTHPLACE, (State or Country), Balto

10-NAME OF FATHER, Wm T. Lewis

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Tamers

13-BIRTHPLACE OF MOTHER (State or Country), Pa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert A. Walter (husband)

(Address) 1323 N. Wilcox st

JUN 27 1917 MARK [illegible]

....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 24 1917, to June 25 1917, that I saw her alive on June 25 1917, and that death occurred, on the date stated above, at 3:45 a.m.

The CAUSE OF DEATH* was as follows:

a. Chronic interstitial nephritis

(Duration) 6 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. Maynard Bacon M. D.

June 26, 1917. (Address) 836 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, BALTIMORE CEMETARY. DATE OF BURIAL, JUN 28 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6347.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 6347.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital. Caroline-Oliver Sts ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Woods.

(Residence in Baltimore: No. 1375 N. Carey St. St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1879 (Year)

7-AGE, 38 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

10-NAME OF FATHER, Do not know

11-BIRTHPLACE OF FATHER (State or Country), do not know

12-MAIDEN NAME OF MOTHER do not know

13-BIRTHPLACE OF MOTHER (State or Country), do not know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm. B. Turner

(Address) 420 Liberty Ave

JUN 27 1917

, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16 1917, to June 27 1917, that I saw h[illegible] alive on June 27 1917, and that death occurred, on the date stated above, at 12-40 a m.

The CAUSE OF DEATH* was as follows:

Coma Pneumonia

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. ds.

(Signed) Ernest McGee M. D.

, 191... (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At patients home

Former or usual residence 1375 N. Carey St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	6/28, 191.
20-UNDERTAKER Henry W. Meyer & Son	ADDRESS 805 N. Calvert St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6343

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

151 6348

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 Fait ave ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hutchings

(Residence in Baltimore: No. 2500 Fait Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 26 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 5 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

10-NAME OF FATHER, Elmer Hutchings

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Marg C. Lens

13-BIRTHPLACE OF MOTHER (State or Country), City

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Elmer Hutchings

(Address) 2500 Fait Ave

JUN 27 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6 26 1917, to 26 1917, that I saw h[illegible] alive on 26 June 1917, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Premature Labor

(Duration) 2 yrs. 6 mos. 5 min ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

6 26, 1917. (Address) 1721 East St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, June 27, 1917.

20-UNDERTAKER Peter Nicolaus — ADDRESS 2045 Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6349 D 6349

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. The Belvedere Hotel St. 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Kittra Morris

(Residence in Baltimore: No. 207 West Franklin St.; 50 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, March 24, 1843
(Month) (Day) (Year)

7-AGE, 74 yrs. 3 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pennsylvania

10-NAME OF FATHER, James (?) K. Van Dyke

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Mary (?) Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mildred M. Pendleton

(Address) 207 W. Franklin St.

JUN 27 1917

..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1916, to June 26 1917, that I saw h.r alive on June 25 1917, and that death occurred, on the date stated above, at 9 15 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) — yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary) Pernicious Anaemia

(Duration) 7 yrs. — mos. — ds.

(Signed) Louis P. Hamburger M. D.

June 26, 1917. (Address) 1307 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 17 (07) ds. In the State 50 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 207 W Franklin St

Former or usual residence 207 W Franklin St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Paul Church Yard	6-28-, 1917.
20-UNDERTAKER Henry W Jenkins Sons Co	ADDRESS Orleans & Germain Sts

Spec.—8-24-14—M. & T.—2000 Bks.

D 6350

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6350

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirm ST.; 4 WARD)

REGISTERED No. C 113

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Raab

(Residence in Baltimore: No. 204 N. Frederick St St.; — yrs., 2 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 25, 1859 (Month) (Day) (Year)

7-AGE, 57 yrs. 9 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Emmission Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Keeper

9-BIRTHPLACE, (State or Country), Moreland

10-NAME OF FATHER, John Raab

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Dorothea

13-BIRTHPLACE OF MOTHER (State or Country), ——

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carol Raab

(Address) 204 N. Frederick St.

HARRY C. ADKINS

JUN 27 1917, 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22 191 7, to June 26 191 7, that I saw h[illegible] alive on June 26 191 7, and that death occurred, on the date stated above, at 2:55 p.m.

The CAUSE OF DEATH* was as follows: Arteriosclerosis Cardiac
of 4 years (Duration)

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 1 ds.

(Signed) E. A. Meeter M. D.

June 27 191 7. (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence # 204 N. Frederick St.

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery DATE OF BURIAL, June 27 191 7.

20-UNDERTAKER Jahrens & Co ADDRESS 1611 Mad ave

Robert Wachter

D 6351

HEALTH DEPARTMENT—CITY OF BALTIMORE

PLACE OF DEATH

CITY OF BALTIMORE (No. Mt. Sinai Hosp. 1st St.; Ward)

2-FULL NAME Johnie Wachter

(Residence in Baltimore: No. 3810 Ivanwood Ave St.; yrs., mos., ds.)

Ivanwood

CERTIFICATE OF DEATH.

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, August (Month) ....., 1892 (Year)

7-AGE, 25 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wagon Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Michael Wachter

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Mary Bolz

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 3810 Ivanwood Ave

15- Died JUN 27 1917 191.. ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 25 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Accidental Fall from Wagon

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner.) M. D.

June 27, 191.. (Address) 80 Holl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, June 28, 1917

20-UNDERTAKER Lilly & Feiler ADDRESS 403 S. Wolfe St.

D 6352

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 6352

CERTIFICATE OF DEATH

64X

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2109 Lake Montebello Terrace ST. 9 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annie Mortimer Somers

(Residence in Baltimore: No. Hamilton, Balto. Co. Md. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write this word)
Female	White	Single

6 DATE OF BIRTH January (Month) 9 (Day), 1869 (Year)

7 AGE 48 yrs. 5 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John M. Somers

11 BIRTHPLACE OF FATHER (State or country) Conn

12 MAIDEN NAME OF MOTHER Sarah J Hine

13 BIRTHPLACE OF MOTHER (State or country) Conn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. M. Somers

(Address) Hamilton, Md.

15 Filed JUN 27 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June (Month) 25th (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 25th, 1917, to ....., 191..., that I saw her alive on June 25th, 1917, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemmorhage

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eleanor Robertson M. D.

June 26th, 1917 (Address) 2129 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Haven, Conn	June 28, 1917
20 UNDERTAKER	**ADDRESS**
H. E. HUGHES 17	S. BROADWAY

Spec.—5-16-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6353

CERTIFICATE OF DEATH.

81 D 6353

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 Madison ave. ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Faust

(Residence in Baltimore: No. 2326 Madison ave. St.; 55 yrs.....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal

4-COLOR OR RACE. whit-

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) married

6-DATE OF BIRTH, July 30, 1839 (Month) (Day) (Year)

7-AGE, 77 yrs. 10 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, Michael Faust

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Faust (wife)

(Address) 2326 Madison ave.

JUN 27 1917

ROBERT R. KRAUTH

....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from about 2 mos. ago, 191 , to June 26 1917, that I saw h in alive on June 26 1917, and that death occurred, on the date stated above, at 6.35 a.m.

The CAUSE OF DEATH* was as follows:

Atheroma

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Shearwell M. D.

June 26. 1917. (Address) 2326 Madison ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, June 27 1917.

20-UNDERTAKER George J Smith

ADDRESS 1000 Fayette ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 D 6354

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Hollins ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma V. Marriott

(Residence in Baltimore: No. 1430 Hollins St

St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May (Month) 24 (Day), 1852 (Year)

7-AGE, 65 yrs. 1 mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Shepherdstown, Md.

10-NAME OF FATHER, Philip Roderick

11-BIRTHPLACE OF FATHER (State or Country), Middletown Md.

12-MAIDEN NAME OF MOTHER Susan Albaugh

13-BIRTHPLACE OF MOTHER (State or Country), Boonsborough, Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter E. Marriott

(Address) 1430 Hollins St.

JUN 27 1917 191.. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) ~~5~~ 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 191 7, to June 25 191 7, that I saw her alive on June 25 191 7, and that death occurred, on the date stated above, at 8.50 P m.

The CAUSE OF DEATH* was as follows:

Diabetes

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Asthenia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Brown M. D.

June 26, 191 7. (Address) 1302 W. Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	June 28 191 7.
20-UNDERTAKER George J. Smith	ADDRESS 1000 W Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

D 6355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 6355

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 529 Wayne ST.; 22 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lexie White

Residence in Baltimore: No. 529 Wayne St St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... (Month) Don't Know (Day), ... (Year)

7-AGE, 37 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

10-NAME OF FATHER, don't know

11-BIRTHPLACE OF FATHER (State or Country), don't know

12-MAIDEN NAME OF MOTHER don't know

13-BIRTHPLACE OF MOTHER (State or Country), don't know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lexie White

(Address) 529 Wayne St

JUN 27 1917

....., 191.... ROBERT R. KRAUTH
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1917, to June 25 1917, that I saw h[illegible] alive on June 25 1917, and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration 1 yr.

CONTRIBUTORY (Secondary) Cardiac dilatation

(Duration) 3 mos.

(Signed) [illegible] M. D.

....., 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National DATE OF BURIAL, June 27, 1917

20-UNDERTAKER [illegible] ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

Mildred Rieke

D 6356

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

REGISTERED No. C D 6356

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 Scott St.; 21 WARD)

2-FULL NAME Mildred Rieke

(Residence in Baltimore: No. 417 Scott St St.; 4 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED? (Write the word.): Single

6-DATE OF BIRTH, Mar 9, 1917 (Month) (Day) (Year)

7-AGE, yrs. 3 mos. 16 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md.

10-NAME OF FATHER: William Rieke

11-BIRTHPLACE OF FATHER (State or Country): Balto, Md

12-MAIDEN NAME OF MOTHER: Mary Anna Spencer

13-BIRTHPLACE OF MOTHER (State or Country): Balto, Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Rieke

(Address) 417 Scott St

JUN 27 1917 ROBERT R. KRAUTER

d....., 191... Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: June 25, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1917, to June 25 1917, that I saw h[illegible] alive on June 25 1917, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

June 26, 191.. (Address) 1132 Wilson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenly Cemetery — DATE OF BURIAL, June 28, 191.7

20-UNDERTAKER: Jos Joachim & Son — ADDRESS 217 S Paca

Spec.—8-24-14—M. & T.—2000 Bks.

D 6357

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6357

CERTIFICATE OF DEATH.

137

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Sadler

(Residence in Baltimore: No. 1259 E. North ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word), Married

6-DATE OF BIRTH, May 5, 1898
(Month) (Day) (Year)

7-AGE, 19 yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Edward Harris

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Warn

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Recd Mercy Hosp

(Address) Calvert & E

JUN 27 1917, 191.... ROBERT R. KRAUTER
Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 5 1917, to June 26 1917, that I saw her alive on June 26 1917, and that death occurred, on the date stated above, at 11:00 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Infection following Muscarin Poisoning (Horse) (Duration) about 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Septic Pneumonia (Duration) ....yrs. ....mos. 8 ds.

(Signed) Edward L. Swift M. D.

June 26, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 13 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1259 E. North Ave

Former or usual residence 1259 E. North ave

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem

DATE OF BURIAL, June 28th, 1917.

20-UNDERTAKER Geo. J. Ruth

ADDRESS 1735 Harford ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6358 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 6358

CERTIFICATE OF DEATH. 120

1-PLACE OF DEATH Women's Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Jeannie M. Berretta

(Residence in Baltimore: No. 2419 Barclay St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, March 17, 1863 (Month) (Day) (Year)

7-AGE, 54 yrs. 3 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Aside Wife

9-BIRTHPLACE, (State or Country), Hanover, Germany

10-NAME OF FATHER, Frederick Matthias

11-BIRTHPLACE OF FATHER (State or Country), Hanover, Germany

12-MAIDEN NAME OF MOTHER Johanna Hortmann

13-BIRTHPLACE OF MOTHER (State or Country), Hanover Germany

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul A. Berretta

(Address) 2419 Barclay St.

JUN 28 1917 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23, 1917, to June 28 1917, that I saw her alive on June 28 1917, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis,

(Duration) 2 yrs. 0 mos. ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(Duration) yrs. mos. 14 ds.

(Signed) C. H. Burton M. D.

June 28 1917 (Address) Women's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 5 ds. In the State ... yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Pt. 2419 Barclay St.

19-PLACE OF BURIAL OR REMOVAL, Philadelphia Pa DATE OF BURIAL, June 29, 1917.

20-UNDERTAKER Wm Cook ADDRESS 502 E Watts

am

17
6

D 6359

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 736 N. Franklin ST. 17 WARD)

CERTIFICATE OF DEATH.

92 D 6359

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberta Thompson

Residence in Baltimore: No. 736 N. Franklin St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1896 (Year)

7-AGE, 21 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer). at home

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Thompson

(Address) 736 N Franklin

15- Filed JUN 28 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Operation for Goiter

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner.) M. D.

191.7 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Washington D.C. DATE OF BURIAL, June 28 191.7

20-UNDERTAKER Samuel Hemsley ADDRESS 5 T & W 2d St

Spec.—8-24-14—M. & T.—2000 Blks.

D 6360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 6360

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 George ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Molden.

(Residence in Baltimore: No. 706 George St.; 0 yrs., 0 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Black	Single

6-DATE OF BIRTH, June 24, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 2 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....None.....

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Henry Molden.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Henrietta Nixon.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

JUN 28 1917. 191... HARRY C. ANDREWS
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 24 191 7, to June 26 191 7, that I saw him alive on June 26 191 7, and that death occurred, on the date stated above, at 1 A.P.m.

The CAUSE OF DEATH* was as follows:

Prematurity.

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) L. A. Douglass M. D.

June 27, 191... (Address) Maternity Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND DATE OF BURIAL, JUN 27 1917, 191...

20-UNDERTAKER Commissioner Health. ADDRESS

Per. Wm. F. Woodall

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6361

CERTIFICATE OF DEATH.

1 D 6361

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 413-E-24th ST. 12 WARD) REGISTERED No. C

2-FULL NAME Sylvester Kelley

(Residence in Baltimore: No. 413-E-24th St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; 6 yrs., 7 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 15, (Day) 1910 (Year)

7-AGE, 6 yrs. 7 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 00

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, Albert Kelley

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Maggie Carter

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C Bacon

(Address) 100 E 20th St

JUN 28 1917

d....., 191.... HARRY C. ANDREWS

Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 24 1917 to June 27 1917, that I saw him alive on June 26 1917, and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

Apparently (Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Walter C Bacon M. D.

June 27 191.7 (Address) 100 E 20th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, June 29 191.7

20-UNDERTAKER Wm. Holt & Elliott

ADDRESS 516 East St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 6362

REGISTERED NO. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 416 N. Gilmor St. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Lloyd Howard

(Residence in Baltimore: No. 416 N. Gilmor St. St.; ..... yrs., ... mos., 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE Black | 5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Single

6-DATE OF BIRTH June 21, 1917. (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 6 ds. | If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), 416 N. Gilmor St. Balto

10-NAME OF FATHER, James E. Howard

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Hattie Reed

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James E. Howard

(Address) 416 N. Gilmor St

JUN 28 1917

..... d ....., 191.....

HARRY C. ANDREAE
Deputy Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1917, to June 27 1917, that I saw him alive on June 27, 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia Duration

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Montague M. D.

June 27, 1917. (Address) 303 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters | DATE OF BURIAL, June 28, 1917.

20-UNDERTAKER Brown & Freeland | ADDRESS 1140 N. Schroeder St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37

D 6363

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2218 Gough ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Morgan

(Residence in Baltimore: No. 2218 Gough St.; 51 yrs., 2 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 11, 1866
(Month) (Day) (Year)

7-AGE, 51 yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) R.R.

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, George F. Morgan

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Bragg

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida M. Morgan

(Address) 2218 Gough St

15-DATE RECEIVED JUN 28 1917, 191.... REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 5 1917 to Jun 26 1917, that I saw h[illegible] alive on Jun 26 1917, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis, Contributory for
Months [illegible] Years Doubtless
(Duration) ....yrs.....mos.....ds.
CONTRIBUTORY (Secondary) Myocarditis Probably of
Duration ....yrs.....mos.....ds.
(Signed) Howard L. Sellers M. D.
June 27, 1917. (Address) 1914 Bolton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County
DATE OF BURIAL, June 29 1917

20-UNDERTAKER Junkler & Kirkeler
ADDRESS 1739 Eager

Spec.—8-24-14—M. & T.—2000 Bks.

D 6361 HEALTH DEPARTMENT—CITY OF BALTIMORE D 6361

CERTIFICATE OF DEATH. 137

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St., 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Genevrene Foster

(Residence in Baltimore: No. 1720 Sargent St.; ....yrs., ...mos. Tate ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Don't Know, (Month) ....., 1 (Day) ..... (Year)

7-AGE, 17 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), Balto

10-NAME OF FATHER, Scot Smith

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Bettie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Foster

(Address) 1720 Sargent St

JUN 28 1917, 191.... MARY C. ANDREWS Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31 1917, to June 27 1917, that I saw h.. alive on June 27 1917, and that death occurred, on the date stated above, at 2.10 p. m.

The CAUSE OF DEATH* was as follows:

Septic Phlebitis of Femoral

(Ulcer Mo carriage)

(Duration) ....yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) General Septicaemia

(Duration) ....yrs. ....mos. ....ds.

(Signed) Bm Jeffs M. D.

June 27, 1917. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 27 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1720 Sargent St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	June 29 1917.
20-UNDERTAKER	ADDRESS
Peter J Fields	1210 W Fayette

D 6365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 64 D 6365

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2408 Pennsylvania Ave WARD) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ferdinand F. Mantler

(Residence in Baltimore: No. 2408 Pennsylvania Ave St., Ward. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. October 28, 1860
(Month) (Day) (Year)

7-AGE. 56 yrs. 7 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... 045 Capitalist
(b) General nature of industry, business, or establishment in which employed (or employer)..... Merchant

9-BIRTHPLACE. (State or Country). Balto md

PARENTS.

10-NAME OF FATHER. Geo A. Mantler

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Mary McLaughlin

13-BIRTHPLACE OF MOTHER (State or Country). Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucretia Mantler

(Address) 2408 Penn Ave

15. Filed JUN 28 1917 191.. MARK O. ADAMS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Apoplexy

1 hour (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

June 27 1917 (Address) 848 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral	June 29, 1917
20-UNDERTAKER Wm Cook	ADDRESS 502 E. North

D 6366

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

D 6366

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 604 E Biddle St ST. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margaret E. Miller

(Residence in Baltimore: No. 604 E. Biddle ST. 10)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6 DATE OF BIRTH July (Month) 13 (Day), 1836 (Year)

7 AGE 80 yrs. 11 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Henry Baughman

11 BIRTHPLACE OF FATHER (State or country) Pa

12 MAIDEN NAME OF MOTHER Elizabeth Bucher

13 BIRTHPLACE OF MOTHER (State or country) Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Kellmore

(Address) 604 E. Biddle St

15 JUN 28 1917

Filed ....., 191 HARRY C. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June (Month) 27 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1917, to June 27 1917, that I saw her alive on June 27, 1917, and that death occurred, on the date stated above, at 1.20 p m.
The CAUSE OF DEATH* was as follows:

Valvular heart disease

(Duration) ..... yrs. 3 mos. 22 ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S. H. Robinson M. D.

June 28, 1917 (Address) 726 E. Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Hanover Penna | DATE OF BURIAL 6/28, 191 7

20 UNDERTAKER William Cook | ADDRESS 508 E. North Ave

D 6367

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 6367

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1402 N. Fulton Ave ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George Washington Buttingham

(Residence in Baltimore: No. 1402 N. Fulton ave St.; 97 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widower

6 DATE OF BIRTH: Nov 14, 1811 (Month) (Day) (Year)

7 AGE: 95 yrs. 7 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9 BIRTHPLACE (State or country): Pocomoke Md

PARENTS

10 NAME OF FATHER: Geo. W Buttingham

11 BIRTHPLACE OF FATHER (State or country): Pocomoke Md

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (State or country): Pocomoke Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Lola Buttingham
(Address) 1402 N. Fulton Ave

15 JUN 28 1917 Filed ....., 191.... HARRY C. ARMS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 27, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1917, to June 27 1917, that I saw h[illegible] alive on June 27, 1917, and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
..... (Duration) ..... yrs. ..... mos. 4 ds
Contributory (SECONDARY) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) S Baldwin Jacobs M. D.
June 27. 1917 (Address) 340 N. Fremont ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Pocomoke Md
DATE OF BURIAL: June 29, 191[illegible]

20 UNDERTAKER: Wm Cook
ADDRESS: 502 E. No[illegible] St

Anna Stebons

D 6368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6368

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 23 17 S WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Stebons

(Residence in Baltimore: No. 1419 Hanover St.; If not in Baltimore, give Life mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, white | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... June (Month) 21 (Day), 1855 (Year)

7-AGE 62 yrs. 4 mos. 4 ds. If LESS than 1 day, ...hrs. or....mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer) work

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Johannes

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Hauke

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Lupan

(Address) 1419 Hanover

15- Filed JUN 28 1917 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Bronchitis

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary)

Duration yrs. mos. ds.

(Signed) J. Ritz Carey M. D. (Coroner.)

June 27 191.. (Address) 311 E. Lex St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Lights Mills Baden

Former or usual residence 1419 Hanover St.

19-PLACE OF BURIAL OR REMOVAL Cedar Hill | DATE OF BURIAL, 6-28, 1917

20-UNDERTAKER M. J. Flynn | ADDRESS 1422 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 6369

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 N. Lakewood Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Bauer

(Residence in Baltimore: No. 430 N. Lakewood Ave St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Feb 23 (Month), 1838 (Day) (Year)

7-AGE, 79 yrs. 4 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at home

9-BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, Michael Schatz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Steffel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lang

(Address) 430 N. Lakewood Ave

JUN 28 1917 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26 (Month) (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 2 1917, to June 26 1917, that I saw h[illegible] alive on June 25 1917, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Alb S Gaul M. D.

6-27-, 1917. (Address) 709 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, June 28 191.7

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson st

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6370

CERTIFICATE OF DEATH.

74 D 6370

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 W. Eldery ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Robinson

(Residence in Baltimore: No. 1508 W. Eldery St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 4 (Day) 1847 (Year)

7-AGE, 70 yrs. 3 mos. 23 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Robinson

(Address) 1508 W. Eldery St

Filed JUN 28 1917, 191.... HARRY C. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1917, to June 27 1917, that I saw h[illegible] alive on June 25 1917, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation

Several weeks

(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Cystitis, chronic

Two weeks

(Duration) .... yrs. .... mos. .... ds.

(Signed) Elmer Fred Pope M. D.

6/27, 191.. (Address) 820 W. Eldery

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, Alms Cemetery

DATE OF BURIAL, June 29, 191..

20-UNDERTAKER Chas G. Baily

ADDRESS 417 Lafayette St

Spec.—8-[illegible]—M. & T.—2000 Blks.

D 6371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

67 D 6371

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 Harford Avenue ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Henry Conway.

(Residence in Baltimore: No. 3010 Harford Avenue St.; [illegible] yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, October (Month) 5 (Day), 1903 (Year)

7-AGE, 13 yrs. 8 mos. 22 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, J.Henry Conway

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Violette Grossi

13-BIRTHPLACE OF MOTHER (State or Country), New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Edward J.Meehan

(Address)... 3010 Harford Avenue

JUN 28 1917

[illegible]ed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27th (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 2nd 1915, to June 27 1917, that I saw h[illegible] alive on June 26th 1917, and that death occurred, on the date stated above, at 3.35 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis of the Insane

(Duration) 1 yrs. 8 mos. 25 ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) [illegible] yrs. 6 mos. [illegible] ds.

(Signed) Samuel Falk M. D.

....., 191... (Address) 542 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem DATE OF BURIAL, June 29 191..

20-UNDERTAKER Chas. F. Evans & Son ADDRESS Mount Royal Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6372

CERTIFICATE OF DEATH.

67 D 6372

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Wilcox ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Reinecke

(Residence in Baltimore: No. 1218 Wilcox St St.; ... yrs., 2 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... April (Month) 23 (Day), 1877 (Year)

7-AGE,	If LESS than 1 day.
40 yrs. 2 mos. 4 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Florist
(b) General nature of industry, business, or establishment in which employed (or employer)..... Gardener

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John C. Reinecke

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Wurtzer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Carroll C. Reinecke

(Address)..... Edmondson Ave Halges

HARRY C. ANDRE...

ed..... JUN 28 1917 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1917, to June 27 1917, that I saw him alive on June 26 1917, and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

General Paresis of Insane

..... (Duration) One yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

..... (Duration) yrs. 1 mos. 15 ds.

(Signed) James M. Hanlon M. D.

June 27, 1917. (Address) 1211 Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Mary's Evergreen	June 29, 1917
20-UNDERTAKER Henry Hosch & Son	ADDRESS 1305 Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 6373

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Stirling ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew A. Petri

(Residence in Baltimore: No. 912 Stirling St.; 71 yrs., 4 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, February (Month) 1st. (Day) 1846 (Year)

7-AGE, 71 yrs. 4 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Steam fitter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Petri

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Desure

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Geo. A. Petri

(Address) 912 Stirling St

JUN 28 1917

.....ed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17 1917, to June 27 1917, that I saw h[illegible] alive on June 27 1917, and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Edw. X. Pettigrew M. D.

June 28 1917. (Address) 1419 E Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, June 30, 1917

20-UNDERTAKER Henry Horck Son — ADDRESS 130 E Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6371 — 42 — D 6371

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Mulberry St.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Brewer

(Residence in Baltimore: No. 1314 Mulberry St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1 (Year)

7-AGE, 64 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 837

9-BIRTHPLACE, (State or Country), Phila. Pa

PARENTS.

10-NAME OF FATHER, Michael Traynor

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen McGarvell

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stephen E. Brewer

(Address) 1314 Mulberry St

JUN 28 1917

ed....., 191.... HARRY O. ANDREWS

Burial Per... Registrar

1412 Light

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1917, to June 25 1917, that I saw her alive on June 25 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

Cachexia

(Duration) Do not know yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) C. P. Eckenbrecher M. D.

June 26, 1917. (Address) 1412 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, June 30, 1917

20-UNDERTAKER, Wm. J. Tickner & Son ADDRESS 1412 Light

Spec.—8-24-14—M. & T.—2000 Blks.

D 6375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14172 D 6375

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Prot. Infirmary ST.; ..... WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Symington

(Residence in Baltimore: No. 218 Ridgewood Road St.; 14 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August (Month) 14 (Day), 1902 (Year)

7-AGE, 14 yrs. 10 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Thos. H. Symington

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Clara Randolph

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C C Fiser M.D.

(Address) Union Prot Infirmary

Filed JUN 28 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26th 1917, to June 27 1917, that I saw her alive on June 27 1917, and that death occurred, on the date stated above, at 11.05 P m.

The CAUSE OF DEATH* was as follows:

Fractured Skull -
(Fall from horse)

(Duration) ..... yrs. ..... mos. 36 hrs ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Richard H Fiser M. D.

June 27, 1917. (Address) 3 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 36 hrs ds. In the State 14 yrs. 10 mos. 13 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Same as above.

19-PLACE OF INTERMENT Roland Park DATE OF BURIAL, June 29, 1917

20-UNDERTAKER H. M. Strickland & Sons ADDRESS 918 Cathedral St.

J. K. J. Wilson, Coroner.

Benjamin Lobkowsky.

D 6376

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6376

CERTIFICATE OF DEATH.

REGISTERED No. C 176

1-PLACE OF DEATH

CITY OF BALTIMORE (No. U. P. L. ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Lobkowsky

(Residence in Baltimore: No. 2311 Druid Hill St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown ....., 1891.
(Month) (Day) (Year)

7-AGE, 26 yrs. Unknown mos. ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) 009

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oscar Meyerhoff

(Address) 2911 Druid Hill Ave

15-
JUN 28 1917
FRed....., 191.....
Burial Permit
ROBERT R. KRAUTER
Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Ruptured Duodenal Ulcer
Accidental
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Horse Kick
(Duration) yrs. mos. ds.

(Signed) H. Wiesbaum M. D.
(Coroner.)
June 28, 191.. (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State 2 yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt. Carmel DATE OF BURIAL, 6/28 1917

20-UNDERTAKER Jack Levin ADDRESS 1411 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6377

D 6377

64

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 E Biddle (ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth W. Smith

(Residence in Baltimore: No. 1411 E. Biddle St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, Widowed OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, January 24, 1871.
(Month) (Day) (Year)

7-AGE, 46 yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, James H. Uhler

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Margaret Noel

13-BIRTHPLACE OF MOTHER (State or Country), Pa,

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma J. Hutchinson

(Address) 1411 E. Biddle

JUN 28 1917 ROBERT R. KRAUTER

....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27 1917, to June 27 1917, that I saw her alive on June 27 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

5 hours

(Duration)....yrs....mos....ds.

CONTRIBUTORY.....
(Secondary)

(Duration)....yrs....mos....ds.

(Signed) William J. Watson M. D.

June 28 191.7 (Address) 2128 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, June 28 191.7

20-UNDERTAKER Robt J. Turner

ADDRESS 1624 Druid Hill Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6378

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6378

CERTIFICATE OF DEATH.

REGISTERED No. C 10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Robinson

(Residence in Baltimore: No. 1515 Madison St ..... St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, ... yrs. 6 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Garfield Robison

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Carrie Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Va.

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) Johns Hopkins Hospital

JUN 28 1917 ROBERT R. KRAUTER

ed. ....., 191.... Registrar.

Burial Permit ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1917, to June 27 1917, that I saw h[im] alive on June 27 1917, and that death occurred, on the date stated above, at 5.40 p. m.

The CAUSE OF DEATH* was as follows:

Infantile Diarrhea

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiosis

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Henry B. Conrad M. D.

June 28, 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1515 Madison St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodberry Cem.	June 29, 1917.
20-UNDERTAKER.	ADDRESS
Mrs J. G. Locks	1302 Jefferson

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6379

CERTIFICATE OF DEATH.

#74 D 6379

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence F Price

(Residence in Baltimore: No. 5 Days St.; .....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, August 16, 1872
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
44 yrs. 10 mos. 12 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), South Carolina

PARENTS.

10-NAME OF FATHER, Wm. F. Price

11-BIRTHPLACE OF FATHER (State or Country). S.C.

12-MAIDEN NAME OF MOTHER Ellen J Hirsin

13-BIRTHPLACE OF MOTHER (State or Country), S.C.

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

Filed JUN 20 1917, 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 24 1917, to June 28 1917, that I saw h.. alive on June 28 1917, and that death occurred, on the date stated above, at 1 45 a.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor
(Sub-Arachnoid Cyst)
Primary = Cerebral Tumor
(Duration) 0 yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Respiratory Failure
(Duration) ? yrs. mos. ½ ds.

(Signed) R. F. Batchelor M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 501 W 42nd St Savannah Ga

19-PLACE OF BURIAL OR REMOVAL, Savannah Ga — DATE OF BURIAL, June 28, 191.

20-UNDERTAKER Chas F. Eaves & Son — ADDRESS 118 Mt Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6380

CERTIFICATE OF DEATH.

29

D 6380

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 19 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Jennifer

(Residence in Baltimore: No. 228 N. Vincent St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Married

6-DATE OF BIRTH, ..., 1892
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
25 yrs. ....mos. ....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 237

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Luther Murray

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Josefine Ennis

13-BIRTHPLACE OF MOTHER (State or Country), Va.

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

UNIVERSITY OF MARYLAND

JUN 28 1917 ROBERT B. KRAUTZ

ed....., 191.... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12, 1917, to June 26, 1917, that I saw h er alive on June 26, 1917, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(Duration) ....yrs. 15 mos. ....ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation unknown

(Duration) ....yrs. ....mos. ....ds.

(Signed) Bernard J. Ferry M. D.

....., 191... (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 228 N. Vincent St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, JUN 28 1917, 191...
20-UNDERTAKER Commissioner Health.	ADDRESS

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6381

79 D 6381

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 St - Mary St. ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Tilghman

(Residence in Baltimore: No. 508 St Mary St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE, Blk.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) ..... (Day) 1837 (Year)

7-AGE, 80 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. E. Johnson

(Address) 508 St - Mary St -

JUN 28 1917 ROBERT R. KRUTTER

.....ed..... 191... Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... June (Month) 27 (Day), 1917 (Year).

17 I HEREBY CERTIFY, That I attended deceased from June 26 1917, to June 27 1917, that I saw her alive on June 26 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency -

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Martha E. Tapman M. D.

June 27, 191 7 (Address) 2733 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND

DATE OF BURIAL, JUN 28 1917

20-UNDERTAKER Commissioner Health.

ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6382

CERTIFICATE OF DEATH.

qr D 6382

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Willis

(Residence in Baltimore: No. 2425 Oak St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, June 3, 1916 (Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 00

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Lewis Rooney

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Louise Willis

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

JUN 28 1917 ROBERT R. KRAUTER

ed....., 191... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1917, to June 23 1917, that I saw h[illegible] alive on June 23 1917, and that death occurred, on the date stated above, at 12 10 p.m.

The CAUSE OF DEATH* was as follows:

pneumonia, primary, acute

Pulmonary Edema

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) carcinoma ascitis

(Duration) ..... yrs. ..... mos. 21 ds.

(Signed) Henry B. Conrad, M. D.

June 23, 1917. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 19 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? /

Former or usual residence 2425 Oak St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL	....., 191...
20-UNDERTAKER	ADDRESS
Commissioner Health	

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

121 D 6383 — 104 D 6383

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 N. Rose ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evaline Eugenia Schulte

(Residence in Baltimore: No. 233 N. Rose st St.; life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct. (Month) 16 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. 8 mos. 11 ds.	.... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): 907

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Theodore Schulte

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Pauline Murphy

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pauline Schulte

(Address) 233 N. Rose

JUN 28 1917 ROBERT B. KRAUTER

.....ed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day), 1917 (Year)

17) I HEREBY CERTIFY, That I attended deceased from June 27 1917, to June 27 1917, that I saw h[illegible] alive on June 27 1917, and that death occurred, on the date stated above, at 5 1 m.

The CAUSE OF DEATH* was as follows:

Enterocolitis

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Laura Vogt M. D.

June 27, 1917 (Address) 2601 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	June 29, 191...

20-UNDERTAKER Will Cook ADDRESS 5826 Northern

Spec.—5-29-13—M. & T.—500 Bks.

D 6381

HEALTH DEPARTMENT—CITY OF BALTIMORE

105

D 6381

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 Bolt Ave. ST.; 24 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Landis Thomas Payne

(Residence in Baltimore: No. 1727 Bolt Ave. St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Sept. (Month) 24 (Day), 1914 (Year)

7-AGE, 2 yrs. 9 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 606

9-BIRTHPLACE, (State or Country) Baltimore City Md.

PARENTS.

10-NAME OF FATHER, Henry L. Payne

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Anna C. Bowman

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna C. Payne

(Address) 1727 Bolt Ave

Filed JUN 28 1917, 191.... ROBERT R. KRAUTER Assist. Clerk... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28 1917, to June 28 1917, that I saw him alive on June 28 1917, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

.....
Enteritis
.....
..... (Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Edward Dealey M. D.

June 28, 1917. (Address) 621 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Cedar Hill — DATE OF BURIAL, June 30 1917

20-UNDERTAKER Wm Lock — ADDRESS 502 Nath

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6385

CERTIFICATE OF DEATH.

47

D 6385

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4001 S Springdale ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Arthur G. Smith

(Residence in Baltimore: No. 4001 Springdale Ave St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, May (Month) 2 (Day), 1870 (Year)

7-AGE, 47 yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Notion Co

9-BIRTHPLACE, (State or Country), Bermuda

PARENTS.

10-NAME OF FATHER, Joseph F. Smith

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Elizabeth Stamepp

13-BIRTHPLACE OF MOTHER (State or Country) Bermuda

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Smith

(Address) 4061 S Springdale

Filed JUN 28 1917, 191.... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13 1917, to June 27 1917, that I saw h.. alive on June 26 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Infective Endocarditis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Duration) ....yrs. ....mos. 15 ds.

(Signed) John F. Capper M. D.

191... (Address) 10 E Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cem	June 28 1917
20-UNDERTAKER George J. Smith	ADDRESS 1000 W Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6386

CERTIFICATE OF DEATH.

15-120 D 6386

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3038 Priestman ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Courter (Courter

(Residence in Baltimore: No. 3038 Priestman St.; — yrs., 10 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, October 7, 1855
(Month) (Day) (Year)

7-AGE, 61 yrs. 8 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE, (State or Country),, Hulmeville, Pa.

PARENTS.

10-NAME OF FATHER, William H. Rice

11-BIRTHPLACE OF FATHER (State or Country), New Britain, Pa.

12-MAIDEN NAME OF MOTHER Matilda Van Houtos

13-BIRTHPLACE OF MOTHER (State or Country), Quakertown, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. A. Crothamel

(Address) 3038 Priestman St.

JUN 28 1917

...ed.....191.... ROBERT P. KRAUTH
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1917, to June 28, 1917, that I saw her alive on June 28, 1917, and that death occurred, on the date stated above, at 7:05 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) yrs. 5 mos. ds.

(Signed) W. A. Adamson M. D.

June 28, 1917. (Address) 3040 N. Marshall

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lower Hilltown Cemetery Perkasie Pa. DATE OF BURIAL, July 2 1917

20-UNDERTAKER George J. Smith ADDRESS 1338 N Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 6887

CERTIFICATE OF DEATH.

29

D 6887

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reuus Dawson

(Residence in Baltimore: No. 620 N. Bethel St.; 1 yrs., 8 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, October 22, 1915.
(Month) (Day) (Year)

7-AGE, 1 yrs. 8 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Richard Dawson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Adelaide Veney

13-BIRTHPLACE OF MOTHER (State or Country), D. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry B. Cannon

(Address) Johns Hopkins Hosp

Filed JUN 28 1917, 191.... ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1917, to June 28 1917, that I saw him alive on June 28 1917, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry B. Cannon M. D.

June 28, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 620 N. Bethel St

19-PLACE OF BURIAL OR REMOVAL, Albany Cemetery — DATE OF BURIAL, June 30, 1917.

20-UNDERTAKER P. B. Gross — ADDRESS 1405 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6388

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6388

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor 79 REGISTERED NO. C .....

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Ulle

(Residence in Baltimore: No. Little Sisters of the Poor St.; 56 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April 20, 1843 (Month) (Day) (Year)

7-AGE, 74 yrs. 2 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Bengold

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Bark

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

Filed JUN 28 1917 191.. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record 191.. to ..... 191.., that I saw her alive on June 10 1917, and that death occurred, on the date stated above, at 10 20 a.m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Unknown

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) L. L. Brown M. D.

June 27, 1917. (Address) 1633 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Baltimore DATE OF BURIAL, June 29, 1917

20-UNDERTAKER H. C. Wisdefeld ADDRESS 914 Greenmt Ave.

D 6389

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 6389

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1108 Lowson ST. 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Rose Gilbert

Residence in Baltimore: No. 1108 Lowson St.; 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: October 1 (Month) (Day) (Year)

7 AGE: 66 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Jno. Katzendorf

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Gilbert

(Address) 1113 Cookie Lane

15 Filed JUN 28 1917 ROBERT R. KRAUTER REGISTRAR

Burial Permit (illegible)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 27, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1917, to June 27 1917, that I saw h[illegible] alive on June 27 1917, and that death occurred, on the date stated above, at 9.0 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ..... yrs. ..... mos. 7 days

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) C Mistretta M. D.

June 28, 1917 (Address) 1279 Williams

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park DATE OF BURIAL: June 29, 1917

20 UNDERTAKER: [illegible] ADDRESS: 814 Eighth St

Instructions on back of certificate. This certificate must be properly classified. Exact statement of OCCUPATION and CAUSE OF DEATH necessary. PHYSICIANS should

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6390 — 104 — D 6390

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1576½ Fairmount Ave ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest G. Wood

(Residence in Baltimore: No. 1516 Fairmount Ave St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.): Single

6-DATE OF BIRTH, June (Month) 21 (Day), 1917 (Year)

7-AGE, ...yrs. ....mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Edmund J Wood

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Adrian Clare

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edmund J. Wood

(Address) 1516 Fairmount Ave

JUN 28 1917 ROBERT R. KRAUTHER

Filed ....., 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28 1917, to June 28 1917, that I saw h— alive on June 28 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Ac Intestinal Intoxication

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs. ....mos. 1 ds.

(Signed) E V Cookelman M. D.

June 28, 191.7. (Address) 24 N. Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, June 29, 1917

20-UNDERTAKER A. Jones

ADDRESS 2478 Stricker St

Spec.—8-24-14—M. & T.—2000 Blks.

6391 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 120

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Edward Binford

Residence in Baltimore: No. Mercy Hospital St.; — yrs., — mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 4, 1878 (Month) (Day) (Year)

7-AGE, 38 yrs. 10 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Accident Ins. Co.

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John. Binford

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Lucy Traynor

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Binford

(Address) Ruston Md

Filed JUN 29 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1917, to June 29 1917, that I saw h[illegible] alive on June 27 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) .... yrs. .... mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) .... yrs. .... mos. .... ds.

(Signed) Edward V. Sauck M. D.

June 29, 191.7. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death (Mercy) yrs. mos. 5 ds. In the State 4 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Ruston Md

19-PLACE OF BURIAL OR REMOVAL, Richmond Va

DATE OF BURIAL, June 2[illegible], 191.7.

20-UNDERTAKER Leonard Morris Co

ADDRESS 1009 Madison

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6392 — 105 ✓ — D 6392

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 Richmond ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Calvert

(Residence in Baltimore: No. 212 Richmond St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.)
Female	colored	Mary ~~ied~~

6-DATE OF BIRTH, Unknown ....., 1826
(Month) (Day) (Year)

7-AGE, 41 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... 070

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Calvert

(Address) 212 Richmond St

JUN 29 1917 (Filed)..... 191... HARRY C. ANDREAE, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., 6 (Month) 26 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-24-17 191..., to 6-26- 191 7, that I saw h[illegible] alive on ....., 191..., and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows: —
Acute Gastro enteritis

(Duration)....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary) Neurities, Gen'l debility

(Duration)....yrs. 2 mos....ds.

(Signed) J. M. Lardos M. D.

6-26-17 191... (Address) 1524 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem | DATE OF BURIAL, June 29, 191 7

20-UNDERTAKER Samuel I. Hemsley | ADDRESS 578 N Pitt

D 6393

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 6393

Registered No. C .....

1 PLACE OF DEATH

City of BALTIMORE (No. 2627 N. Calvert St.: 12 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Harnes

(Residence in Baltimore: No. 2627 N. Calvert St.: 66 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: November 10, 1835 (Month) (Day) (Year)

7-AGE: 81 yrs. 7 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper.
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Henry Kunkel

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Johanna Albert.

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Catherine Feldhaus

(Address) # 2627 N. Calvert St.

15. Filed JUN 29 1917 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 28, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 26th, 1917, to June 28th, 1917, that I saw h-r alive on June 28th, 1917, and that death occurred, on the date stated above, at 12 55 Pm.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm Conrad Bode M. D.

June 28th 1917. (Address) 1900 Maryland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Paul's Luth. Cem. DATE OF BURIAL: July 1 1917

20 UNDERTAKER: Mrs A Rohde & Son ADDRESS: 734 Pa Ave

PHYSICIANS should be properly classified. Exact statement of OCCUPATION is required. See instructions on back of certificate.

Spec. —8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6391

CERTIFICATE OF DEATH.

78

D 6391

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 N Baltimore ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Catherine Dore (Dore)

(Residence in Baltimore: No. 1820 N Baltimore St.) (33 Years yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 16 (Day), 1884 (Year)

7-AGE, 56 yrs. 3 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House 037
(b) General nature of industry, business, or establishment in which employed (or employer) Work at home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Martin Maskell

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Mahoney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dennis Dore

(Address) 1820 N Baltimore St

Filed JUN 29 1917, 191... HARRY C. ANDREWS Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 12 1917, to June 27 1917, that I saw h[illegible] alive on June 27 1917, and that death occurred, on the date stated above, at 11:10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 2 mos. 15 ds.

(Signed) James F. Fitzsimmons M. D.

June 28 191 2 (Address) 1727 E Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, June 29, 191 7

20-UNDERTAKER John J. Kearney Son ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6395 — 92 — D 6395

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1342 Carroll St. 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Smith

(Residence in Baltimore: No. 1342 Carroll St. St.: ....yrs.....mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 24, 1866 (Month) (Day) (Year)

7-AGE. 51 yrs. ..... mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General Lab
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Smith

11-BIRTHPLACE OF FATHER (State or Country), Howard Co. Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Smith

(Address) 1342 Carroll St.

15- JUN 29 1917 HARRY C. [illegible]

Filed....., 191.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 12 1917, to June 27 1917, that I saw h[illegible] alive on June 24 1917, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) .....yrs. .....mos. 13 ds.

CONTRIBUTORY (Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) J. Wesley Gray M. D.

June 29, 1917. (Address) 729 E. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, June 29, 1917

20-UNDERTAKER John F Conway ADDRESS 901 Hollins St

If DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, the PRECISE STATEMENT of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6396 D 6396

CERTIFICATE OF DEATH.

64

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 W. Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Blair

(Residence in Baltimore: No. 906 W. Lombard St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1 (Year)

7-AGE, 72 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Wesse

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anne Blair

(Address) 906 W. Lombard St.

JUN 29 1917

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1917, to June 28 1917, that I saw h- alive on June 27 1917 and that death occurred, on the date stated above, at 12 45 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (Secondary) Arteri Sclerosis

..... (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) E V Cookelman M. D.

6/28, 1917. (Address) 2011 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cem. DATE OF BURIAL, June 30, 191 7

20-UNDERTAKER John J. Keown Son ADDRESS 901 Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6397

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James D Evans

(Residence in Baltimore: No. St. Joseph Hospital St.; yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June 13 th, 1844
(Month) (Day) (Year)

7-AGE, 73 yrs. mos. 15 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farm

9-BIRTHPLACE. (State or Country), Md

PARENTS.

10-NAME OF FATHER, Dr. D. Evans

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER, Mary Underwood

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. D. Evans

(Address) Cleveland Ohio

JUN 29 1917 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 24 1917, to June 28 1917, that I saw h[illegible] alive on June 28 1917, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Stone in Bladder

(Duration) yrs. 4 mos. ds.

(Signed) M Regan M. D.

June 28, 191.. (Address) St Jos Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 73 yrs. — mos. 15 ds.

Where was disease contracted, if not at place of death? St Mary C Md

Former or usual residence St Mary's Co Md

19-PLACE OF BURIAL OR REMOVAL, Miller's Wharf St Mary's Co. DATE OF BURIAL, June 30, 1917.

20-UNDERTAKER H. C. Wiedefeld ADDRESS 914 Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6398

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 810 N. 37 St. ST.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgiana Davis

(Residence in Baltimore: No. 810 N. 37 St. St.; 0 yrs., 5 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, January 26, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Albert F. Davis

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Sarah E. Foster

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah E. Davis

(Address) 810 N. 37 St.

JUN 29 1917

Filed....., 191.....HARRY.....Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27 1917, to June 27 1917, that I saw h.r alive on June 27 1917, and that death occurred, on the date stated above, at 4.10 p.m.

The CAUSE OF DEATH* was as follows:

Enteric-Colitis Incident

Survived

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) [illegible] M. D.

June 28, 1917. (Address) 829 N. 36th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt. Maryland Cem. Hamilt.	June 29, 1917.
20-UNDERTAKER	ADDRESS
Lanouette & Son	2617 Gwynn Ave

Spec.—8-24-14—M. & T.—2000 Lks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6390

CERTIFICATE OF DEATH.

64

D 6390

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1040 Brantly Avenue ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Plaggemeyer.

(Residence in Baltimore: No. 1040 Brantly Avenue. St.; 63 yrs., 5 mos. Lifetime ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Feby 15, 1854 (Month) (Day) (Year)

7-AGE: 63 yrs. 4 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer):

C86

9-BIRTHPLACE, (State or Country): Baltimore.

PARENTS.

10-NAME OF FATHER: August Plaggemeyer

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Plaggemeyer

(Address) 1040 Brantly Avenue.

15- Filed JUN 29 1917 191.. HARRY C. ANDREWS Registrar

Burial Fe... Regis(tra...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27 1917, to June 28 1917, that I saw him alive on June 28 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Cerebral Hemorrhage

(Duration) ....yrs....mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ....yrs....mos....ds.

(Signed) J. T. Andrews M. D.

June 28, 1917. (Address) 1042 Fawn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL, June 30, 1917

20-UNDERTAKER: Chas. E. Evans & Son ADDRESS 118 N. Mt. St. Royd Store

D 6400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 ✓ D 6400

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Robt L. Hopkins

(Residence in Baltimore: No. 2607 Francis St

St., ... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Oct 11, 1846
(Month) (Day) (Year)

7-AGE, 30 yrs. 8 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George W. Hopkins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Copford.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Lee

(Address) 2607 Francis St

15- Filed JUN 29 1917 19..... HARRY C. ANDREW Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Shock following severe burns
Caused by pipe bursting and
hot oil scalding over him
(accident) (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....
(Duration).....yrs.....mos.....ds.

(Signed) Albert D Driscoll M. D.
(Coroner)
June 28 1917 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents).
At place University Hospital in the of death.....yrs.....mos. 1 ds. State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? Mt Clare Pa & R R
Former or usual residence 2607 Francis St

19-PLACE OF BURIAL OR REMOVAL, Westminster Md | DATE OF BURIAL, June 30 19..

20-UNDERTAKER, W Raymond Lee | ADDRESS Monroe

K O D A K

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6401

CERTIFICATE OF DEATH.

79

D 6401

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Poplar Grove St WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Brigitta Ermer

(Residence in Baltimore: No. 1412 Poplar Grove St

St.; 76 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	White	widow

6-DATE OF BIRTH, 6 (Month) 6 (Day), 1841 (Year)

7-AGE. 76 yrs. 8 mos. 22 dys. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, Wm Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Annah Ermer

(Address) 1412 Poplar Grove St

Filed JUN 29 1917 HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 28 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from 6/25 1917, to 6/28 1917, that I saw h er alive on 6/28 1917, and that death occurred, on the date stated above, at 11.15 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 3 dys.

CONTRIBUTORY (Secondary) Chron Valvular dis

(Duration) 3 yrs. mos. dys.

(Signed) L. J. Burlington M. D.

6/28, 1917. (Address) 102 E Fort Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cem. DATE OF BURIAL, 6/29, 1917

20-UNDERTAKER J. Fen McCauley ADDRESS 130 E. Fort.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6102

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 ✓ D 6102

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 1 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Olszewski

(Residence in Baltimore: No. 2709 Gough St.; 13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-(SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)) Single

6-DATE OF BIRTH, July (Month) 18 (Day), 1878 (Year)

7-AGE, 38 yrs. 11 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, John Olszewski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Michael Olszewski

(Address) 731 Alexanna St.

15- Filed JUN 29 1917 191 MARY E. ARMSTRONG Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 22 1917, to June 28 1917, that I saw h in alive on June 28 191, and that death occurred, on the date stated above, at 12-30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Tuberculosis Kidney

(Duration) 1 yrs. mos. ds.

(Signed) Edward J. Smith M. D.

6/28, 191 7 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 12 yrs. mos. ds.

Where was disease contracted, if not at place of death? 2709 Gough St

Former or usual residence Same

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus. DATE OF BURIAL, June 2", 191 7

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Arnold

Spec.—8-24-14—M. & T.—2000 Bks.

D 6103

HEALTH DEPARTMENT—CITY OF BALTIMORE

+ 131 ✓

CERTIFICATE OF DEATH.

D 6103

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie D. Buffalo

(Residence in Baltimore: No. In Hospital St.; ..... yrs., ... mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	married

6-DATE OF BIRTH, December 10, 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. 6 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Switzerland

PARENTS.

10-NAME OF FATHER, Jean Delaz

11-BIRTHPLACE OF FATHER (State or Country), Switzerland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Switzerland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis P. Mason

(Address) 841 W. Fayette St

15- JUN 29 1917 HARRY C. ANDREWS
Filed....., 191..... Deputy Local Registrar.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1917, to June 29 1917, that I saw h... alive on June 29 1917, and that death occurred, on the date stated above, at 4.15 A m.

The CAUSE OF DEATH* was as follows:

Post Operative Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ferdinand S. Torres M. D.

June 29, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 20 ds. In the State ..... yrs. ..... mos. 20 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Marion, N. C.

19-PLACE OF BURIAL OR REMOVAL, [redacted] DATE OF BURIAL, June 30 1917.

20-UNDERTAKER Walter W. Shreve ADDRESS 1018 Edmonds Av

D G101

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D G101

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 14 W Hill St. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ada Manekun

(Residence in Baltimore: No. 14 W Hill St.: 22 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~WHITE~~, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown, 1869 (Month) (Day) (Year)

7 AGE: 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Salomon Born

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Mollie Sander

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ena Manekun

(Address) 14 W Hill St

15 Filed JUN 29 1917 HARRY C. ANDREWS REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 28, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1917, to June 28 1917, that I saw h[illegible] alive on June 28, 1917 and that death occurred, on the date stated above, at 6 30 p m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) Coma, Edematus

(Duration) yrs. mos. 10 ds.

(Signed) Joseph Friedman M. D.

June 28, 1917 (Address) 1576 Mcdonough

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 14 W Hill St

19 PLACE OF BURIAL OR REMOVAL: Filbert Washington Rd

DATE OF BURIAL: June 29, 1917

20 UNDERTAKER: L. Levinson & Bro.

ADDRESS 1107 E Balto St

See instructions on back of certificate. Exact statement of OCCUPATION is required. PHYSICIANS should be properly classified. Exact statement of OCCUPATION may be prevent delay in issuing permit.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6405

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6405

CERTIFICATE OF DEATH.

+ 150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucius Albert Jones Jr.

(Residence in Baltimore: No. 3 days. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, December 25, 1916 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 6 mos. 3 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Florida

PARENTS.

10-NAME OF FATHER, Lucius A. Jones

11-BIRTHPLACE OF FATHER (State or Country), Georgia

12-MAIDEN NAME OF MOTHER Mary Martin

13-BIRTHPLACE OF MOTHER (State or Country), Florida

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

15- Filed JUN 29 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1917, to June 28 1917, that I saw h[illegible] alive on June 28 1917, and that death occurred, on the date stated above, at 9.40 p. m.

The CAUSE OF DEATH* was as follows:

Internal Hydrocephalus Congenital

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Hemorrhage Ventricle Post operative 16 hrs.

(Duration) ....yrs. mos. 16 hrs.

(Signed) George R. Dunn M. D.

June 29, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Miami Florida

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Miami Fla	June 29, 1917.
20-UNDERTAKER	ADDRESS
Willard C Fuller	221 N Broady

Spec.—8-24-14—M. & T.—2000 lbs.

D 6206

HEALTH DEPARTMENT—CITY OF BALTIMORE

50

D 6406

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2334 Eutaw Place ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas F. Madden

(Residence in Baltimore: No. 2334 Eutaw Place St.; 54 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH. November 21, 1844, 1
(Month) (Day) (Year)

7-AGE, 72 yrs. 7 mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, William Madden

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Finn

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Thomas J. Madden

(Address)..... 2334 Eutaw Place

15- Filed JUN 29 1917, 191.... HARRY U. ARCHER, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 24 1917, to June 27 1917, that I saw h[illegible] alive on June 27 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

..... (Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Diabetes

..... (Duration) 3 yrs. ... mos. ... ds.

(Signed) Jose L. Hirsh M. D.

....., 191... (Address) 2360 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	6/30, 1917

20-UNDERTAKER	ADDRESS
Henry W. Mays & Son	1031 N. Calvert St.

D 6107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 Ward 114 D 6107

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PLACE OF DEATH

CITY OF BALTIMORE (No. 1402 Cairo ST. 19 WARD)

FULL NAME Mary Henry

(Residence in Baltimore: No. 1402 Cairo St.; if less than 1 year, state yrs. mos. ds.) Life

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 24, 1885 (Month) (Day) (Year)

7-AGE, 31 yrs. 11 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Keeps House at Home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Abraham Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Green

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Husband

(Address) 1402 Cairo

15- JUN 29 1917 Filed....., 191.... HARRY S. ANDREWS Deputy Clerk Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gall Stones

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

June 27, 191... (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Mt. Auburn — DATE OF BURIAL, June 30th, 1917.

20-UNDERTAKER Lannon & Wright — ADDRESS 1364 W. Cam

Local statement of OCCUPATION is very desirable.

D 6408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 ✓ D 6408

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST.: 22 WARD)

2-FULL NAME Alma Benson

3-Residence in Baltimore: No. 512 S. Hanover ✓ St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH Jan 20, 1909
(Month) (Day) (Year)

7-AGE, 8 yrs. 5 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, John O Benson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, ~~Annie~~ Kent

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Annie Benson

(Address) 512 S Hanover

15-

Filed JUN 29 1917, 191.... ROBERT E. KRAUTZ Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH June 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull & Shock Caused by being Knocked down by Automobile (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
(Duration) ....yrs. ....mos. ....ds.

(Signed) C S Driscoll M. D.
(Coroner)
June 29, 191 (Address) 512 W Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS.)
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Summer at Bass Lee Va

Former or usual residence 512 Hanover St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery — DATE OF BURIAL, June 30 1917

20-UNDERTAKER F. A. Kramer — ADDRESS [illegible]

Brief statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6109

CERTIFICATE OF DEATH.

25 D 6109

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 73 WARD)
2-FULL NAME Milton Gundino.
(Residence in Baltimore: No. 938 Sharp St. St.; ....yrs....mos....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE. White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single
6-DATE OF BIRTH. Sept. 6, 1911
(Month) (Day) (Year)
7-AGE, 4 yrs. 9 mos. 21 ds.
If LESS than 1 day, ...hrs. or ....min.
8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). None
9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Charles Gundino
11-BIRTHPLACE OF FATHER (State or Country), Md.
12-MAIDEN NAME OF MOTHER Jane Dalby
13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) C. Gundino
(Address) Johns Hopkins Hosp.

15- Filed JUN 29 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 20 1917 to June 27 1917, that I saw h.. alive on June 27 1917, and that death occurred, on the date stated above, at 4.26 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis general

(Duration) 0 yrs. 0 mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry B. Jonas M. D.

June 29 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence 938 Sharp St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery | DATE OF BURIAL, June 30 1917.
20-UNDERTAKER F. A. Krause | ADDRESS 703 Hanover

Spec.—5-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6410 — 28 — D 6410

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3708 Chestnut Road, 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa B. Schryver

(Residence in Baltimore: No. 3708 Chestnut Road Walbrook 44 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH. ..... June (Month) 23 (Day), 1846 (Year)

7-AGE. 71 yrs. 7 mos. 5 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, George Burns

11-BIRTHPLACE OF FATLER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sarah Beach

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Charles Parrish

(Address) 3516 Clifton ave.

15- Filed JUN 29 1917 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1916, to June 28 1917, that I saw h er alive on May 22 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

1. Intramural Hemorrhage
2. of Interstitial Origin
3. Acute Interstitial
4. Interstitium. (Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John D. King M. D.

June 29 1917 (Address) 1425 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, June 30, 1917.

20-UNDERTAKER, Chas. G. Black — ADDRESS 120 W. Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6411 — 120 — D 6411

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 or Hospital) Caroline (Street) (WARD)

2-FULL NAME John Rogers

(Residence in Baltimore: No. 1723 Lancaster St. St.; ..... yrs., ... mos. ..... ds.)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ..., 1 ..... (Month) (Day) (Year)

7-AGE, 43 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 140

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed JUN 30 1917, 191... ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1917, to June 27 1917, that I saw h[illegible] alive on June 26 1917, and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH was as follows:

* Tuberculosis Meningitis

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Henry Tuskes M. D.

....., 191... (Address) 20 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Don't Know

Former or usual residence 1723 Lancaster St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	JUN 29 1917, 191...
20-UNDERTAKER	ADDRESS
Commissioner Health.	

Per. Wm. L. WOODALL

Spec.—8-24-14—M. & T.—2000 Bks.

20612 HEALTH DEPARTMENT—CITY OF BALTIMORE 20612

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Home & Hospital for Aged St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Stern

(Residence in Baltimore: No. 2452 Druid Hill Ave. St.; 11 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~, (*Write* the word.) Widower

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 82 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Michel Stern

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mark Stern

(Address).....

15- Filed JUN 30 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1916, to June 28 1917, that I saw h-im alive on June 28 1917, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis chronic
Nephritis. Senile dementia
(Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. A. Michelsen M. D.

June 29 191 7 (Address) 142 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Cemetery Co. DATE OF BURIAL, June 29, 1917

20-UNDERTAKER S. Levinson & Bro. ADDRESS E. Balto St.

D 6413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 6413

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 46 E. York St. St.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Felix O'Toole.

(Residence if in Baltimore: No. 46 E. York St.

St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married.

6-DATE OF BIRTH, Do not know. (Month) ....., (Day) 1 (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): D H O

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bart Fahey.

(Address) 42 E. York St.

15- JUN 30 1917

Filed ....., 191.. ROBERT B. QUAYLE

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23rd. 1917. (Month) (Day) (Year) 191..

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M Reinhardt M. D.

June, 29th, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, ...

DATE OF BURIAL, ..., 19....

20-UNDERTAKER .....

ADDRESS .....

Exact statement of OCCUPATION is very necessary. PHYSICIANS should state cause of death. Underlining cause to be assigned. Exact statement of OCCUPATION is very important. Fill out every item of certificate.

UNIVERSITY OF MARYLAND JUN 29 1917

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6411 — X 50 — D 6411

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto Hoffman

(Residence in Baltimore: No. Lothair Charles Md St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May (Month) 23 (Day), 1902 (Year)

7-AGE, 15 yrs. 1 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Charles Co Md

PARENTS.

10-NAME OF FATHER, Charles Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Charles Co Md

12-MAIDEN NAME OF MOTHER Mattie Hinks

13-BIRTHPLACE OF MOTHER (State or Country), Charles Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Hoffman Father

(Address) Charles Co Md

15-

Filed JUN 30 1917 191 ROBERT R. KRAUTER Registrar.

Burial Permit Oliver

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 29 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 21 1917, to June 24 1917, that I saw h[illegible] alive on June 24 1917, and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. ds.

(Signed) M. J. Egan Jr M. D.

June 29 1917. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State 15 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Charles Co.

Farmer or usual residence Lothair Charles Co.

19-PLACE OF BURIAL OR REMOVAL, Lothair Charles Co Md — DATE OF BURIAL, June 30, 1917

20-UNDERTAKER Chas Dungan — ADDRESS 715 Eighth

...OCCUPATION is very

D 6415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

D 6415

PLACE OF DEATH

CITY OF BALTIMORE (No. 2317 ST.: Druid WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, June 26, 1917
(Month) (Day) (Year)

7-AGE: About one day
yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. H. Hoorsman

(Address) 1632 N. Fulton Ave

15- JUN 30 1917

Filed ....., 191.... ROBERT R. KRAUTER

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John Thorsmann (Coroner.) M. D.

June 27 191 7 (Address) 1632 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mon. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, JUN 29 1917, 19....

20-UNDERTAKER ADDRESS

Commissioner Health.

Per Wm. S. Wood

UNIVERSITY OF MARYLAND

Daniel Kaufman

Exact statement of OCCUPATION is very important. PHYSICIANS should state specifically classified. Give full name of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 D 6416

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Emergency Hospital (STREET) (WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Doris Pierce Jr.

(Residence in Baltimore: No.) Emergency Hospital

(If under 1 year, ... yrs., ... mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Male

3-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 13, 1917
(Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 16 ds.

If LESS than 1 day, ... hrs. or 0 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Chas. S. H. Pierce

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Mary A. Penny

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Doris Pierce Jr.

(Address) Heathersville Va

15-

Filed JUN 30 1917, 191.. ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6-13 1917, to 6-29 1917, that I saw h[illegible] alive on 6-29 1917, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Congenital Hemophilia with Hemorrhagic Purpura (Duration) ..... yrs. ..... mos. 16 ds.

(Signed) T. C. Warren M. D.

6-29, 1917 (Address) Emergency Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 16 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Heathersville Va

DATE OF BURIAL, June 30, 191..

20-UNDERTAKER Joseph T. Cook

ADDRESS 1003 W. Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6417

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1908 Ramsey St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis H. Fowler

(Residence in Baltimore: No. 1908 Ramsey St.; 66 yrs. 10 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Divorced

6-DATE OF BIRTH, Aug 15, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. 10 mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 073
(b) General nature of industry, business, or establishment in which employed (or employer): Retired M R R Co.

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Mitchum

(Address) 1908 Ramsey St

15- Filed JUN 30 1917 ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1917, to June 28 1917, that I saw him alive on June 28 1917 and that death occurred, on the date stated above, at 10 20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(Duration) yrs. unknown mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

6-29, 1917. (Address) Garrison & Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, July 1st, 1917

20-UNDERTAKER Joseph Bloom & ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6418

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1513 Montford Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Grasser

(Residence in Baltimore: No. 1513 N. Montford Ave St.; 40 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Feb 26, 1864 (Month) (Day) (Year)

7-AGE. 53 yrs. 8 mos. 0 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cooper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Germany

PARENTS.

10-NAME OF FATHER. John Grasser

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Kate Knauer

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Grasser

(Address) 1513 N. Montford Ave

15- Filed JUN 30 1917 ROBERT B. KRAUTER DEPUTY REGISTRAR Registrar. 191....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 21 1917, to June 27 1917, that I saw him alive on June 27 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

Clinical Diagnosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jacob Fischer M. D.

June 28, 1917. (Address) 1823 N. Mont. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer

DATE OF BURIAL. June 29, 1917.

20-UNDERTAKER Robt. F. Sumner

ADDRESS 1422 Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

D 6419

HEALTH DEPA[illegible]NT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 169 D 6419

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Mura ST.; 4 WARD) REGISTERED NO. C

2-FULL NAME Catherine Hammann

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2220 Mura St. 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, Mar 2 (Month), (Day), 1857 (Year)

7-AGE, 80 yrs. 3 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Hammann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katherine Miller

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Son, Jacob H. Hammann

(Address) 2220 Mura St.

15-

Filed ....., 191.... ROBERT B. KRAUTER Registrar.

JUN 29 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 28th 1917, to June 28th 1917, that I saw h[illegible] alive on " " 1917, and that death occurred, on the date stated above, at 11:[illegible] m.

The CAUSE OF DEATH* was as follows:

E[illegible] Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 4 ds.

(Signed) Jacob L. Hammann M. D.

191... (Address) 30 S. Bway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL, July 1, 1917

20-UNDERTAKER Ralph D. Turner ADDRESS 1422 N. Broadway

N.B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6120

CERTIFICATE OF DEATH.

79 D 6120

1-PLACE OF DEATH Womans Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary McNelly

(Residence in Baltimore: No. 142 Dolphin St ..... St.; 40 yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ..... (Month) ..... (Day) 1861 (Year)

7-AGE 56 yrs. ~ mos. ~ ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework

9-BIRTHPLACE, (State or Country), Philadelphia - Pa.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Penn

12-MAIDEN NAME OF MOTHER Mary Hamilton

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... H. W. Elston

(Address) ..... Womans Hospital

15- JUN 30 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22 1917, to June 29 1917, that I saw her alive on June 29 1917, and that death occurred, on the date stated above, at 1.45 p.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis (Senile)

(Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) ..... C. H. Burton ..... M. D.

....., 191... (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ~ yrs. ~ mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 142 Dolphin St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, June 3, 1917

20-UNDERTAKER Chas. F. Evans & Son ADDRESS 1180 W. Mt. Royal Ave

N.B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Richardson

(Residence in Baltimore: No. 2923 E Monument St. St.; 41 yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July 28, 1875. (Month) (Day) (Year)

7-AGE, 41 yrs. 11 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Charles M. Rivgrass

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Laura Kraft

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas A. Richardson

(Address) 2923 E. Monument St

15-

Filed JUN 30 1917, 191.....

ROBERT B. KRAUTHS

Serial Permit Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19, 1917, to June 28 1917, that I saw h er alive on June 28 1917, and that death occurred, on the date stated above, at 10.05 A m.

The CAUSE OF DEATH* was as follows:

(See) Acute Pulmonary Embolism,

Fibroma of Uterus (Cancer)

primary (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Supra-vaginal hysterectomy

(Duration) ....yrs. ....mos. 8 ds.

(Signed) M B Levine M. D.

June 28, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 9 ds. In the State 41 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 2923 E. Monument St

Former or usual residence ..... " "

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, July 1, 1917

20-UNDERTAKER Christian Miller — ADDRESS 2354 Jefferson

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 11 WARD)

REGISTERED No. C 175

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Emma A. Hastings

(Residence in Baltimore: No. 1019 Madison Ave. St.; yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, March 26, 1848
(Month) (Day) (Year)

7-AGE, 69 yrs. 3 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York State

PARENTS.

10-NAME OF FATHER, Lenbal Denton

11-BIRTHPLACE OF FATHER (State or Country). New York State

12-MAIDEN NAME OF MOTHER Jane Shontz

13-BIRTHPLACE OF MOTHER (State or Country), New York State

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. E. Hastings

(Address) Webster Md

15 Filed JUN 30 1917, 191. HARRY C. ARNOLD Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull caused by being thrown from an automobile, accident (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Albert D. Driscoll M. D.

June 29, 1917. (Coroner) (Address) 312 W Carroll St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS). At place of death yrs. mos. ds. In the State yrs. 4 mos. ds.

Where did disease contracted, if not at place of death? Ellicott City, Howard Co Md

Former or usual residence 1019 Madison Ave

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem — DATE OF BURIAL, 6-30, 1917

20-UNDERTAKER Lenz W. Jenkins & Sons Co — ADDRESS Orchard and Eutaw Sts

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. C .....

1. PLACE OF DEATH

City of Baltimore (No. 1710 E Madison St.: 7 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Annie Robinson

(Residence in Baltimore: No. 1710 E. Madison St.: Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR OR RACE: colored | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6. DATE OF BIRTH: Unknown (Month), 1 (Day), ... (Year)

7. AGE: 67 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: House work Private
(b) General nature of industry, business, or establishment in which employed (or employer): Family

9. BIRTHPLACE (State or country): Balto-co. Md

PARENTS

10. NAME OF FATHER: unknown

11. BIRTHPLACE OF FATHER (State or country): unknown

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (State or country): unknown

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harriett Boardley

(Address) 1710 E Madison St

15. JUN 30 1917 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: June (Month) 28 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1917, to June 28 1917, that I saw h[illegible] alive on June 27, 1917, and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

2 days (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Interstitial nephritis

Incipient (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J Edward Fisher M. D.

June 29, 1917 (Address) 1612 E Monumental St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Laurel Cemetery | DATE OF BURIAL: June 29, 1917

20. UNDERTAKER: Charles B Jones | ADDRESS: 2 E Pine St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PEARL: WITH ONIONS THIS IS A PERMANENT RECORD

D 1321 D 1324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 871 Harlem Ave ST.; 17 WARD)

2-FULL NAME James E. Willing Sr.

(Residence in Baltimore: No. 871 Harlem Ave St., ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug. 9, 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. 10 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Physician
(b) General nature of industry, business, or establishment in which employed (or employer)..... D.O.P.

9-BIRTHPLACE, (State or Country), Ind

PARENTS.

10-NAME OF FATHER, James A. J. Willing

11-BIRTHPLACE OF FATHER (State or Country), Ind.

12-MAIDEN NAME OF MOTHER, Mary E. Willing

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Son

(Address) 606 Roanoke Ave

15-

Filed JUN 30 1917, 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Labor & Convulsions

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ... yrs. ... mos. ... ds.

(Signed) C. W. Williams M. D.
(Coroner.)

....., 191... (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pantisocracy Md. DATE OF BURIAL, June 1., 1917

20-UNDERTAKER Noll Cook ADDRESS 502 E North Ave

c/o J. Elerick Nolting Via B.C.A.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6425

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 6425

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1702 W. Lexington St. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Samuel F. Lambeth.

(Residence in Baltimore: No. 1702 W. Lexington St.; 1 yrs. 3 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: December 16, 1881 (Month) (Day) (Year)

7 AGE: 36 yrs. 6 mos. 12 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Ship Yard.

9 BIRTHPLACE (State or country): Raleigh N. C.

PARENTS

10 NAME OF FATHER: Charles W. Lambeth

11 BIRTHPLACE OF FATHER (State or country): Richmond, Va.

12 MAIDEN NAME OF MOTHER: Sallie J. Peatroff.

13 BIRTHPLACE OF MOTHER (State or country): Richmond Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. N. Lambeth

(Address) Butte Mt

15 JUN 30 1917 Filed ..., 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 28, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1916 to June 28 1917 that I saw him alive on June 28, 1917 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) — yrs. 15 mos. — ds

Contributory (SECONDARY) Chronic Interstitial Nephritis (Duration) 1 yrs. 6 mos. ds.

(Signed) John Rutherford M.D.

June 29, 1917 (Address) 1316 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Raleigh N. C. DATE OF BURIAL: June 30 1917

20 UNDERTAKER: Wm Cook. ADDRESS: 502 E Worth

c/o E. N. Lambeth Via Brokt.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

D 6426

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 6426

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2202 Poplar Grove St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Caroline Rawlings

(Residence in Baltimore: No. 2202 Poplar Grove St.; Life yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

6-DATE OF BIRTH: June (Month) 15 (Day), 1848 (Year)

7-AGE: 69 yrs. 7 mos. 13 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife at home
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Austin V. Throop

11-BIRTHPLACE OF FATHER (State or country): New York

12-MAIDEN NAME OF MOTHER: Hall

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Florence Brown

(Address) 902 N Fulton

15-

Filed JUN 30 1917 191 HARRY O. ANDREWS

Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: ..... (Month) ..... (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 191..., to, ..., 191..., that I saw h... alive on ....., 191..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration) ... yrs ... mos. ... ds.

Contributory (SECONDARY) .....

..... (Duration) ... yrs ... mos. ... ds.

(Signed), ... M. D.

....., 191... [Address] .....

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mount Olivet Cemetery — DATE OF BURIAL: July 12th, 191...

20-UNDERTAKER: C. H. McCormick — ADDRESS: 1934 W. Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6427

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 6427

CERTIFICATE OF DEATH.

1917

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 W. Cross St. 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angeli Hines

(Residence in Baltimore: No. 1213 W. Cross St.; Life ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... June (Month) 28 (Day), 1916 (Year)

7-AGE, ...yrs. 11 mos. 29 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, James O Hines

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Catherine Monaghan

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Catharine Hines

(Address) 1213 W. Cross St

15- JUN 30 1917

Filed....., 191.... HARRY U. ARNOLD

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28 1917, to June 29, 1917, that I saw her alive on June 28, 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-enteritis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Lineschaffer M. D.

June 30 1917. (Address) 818 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral cemetery	July 1, 1917.
20-UNDERTAKER James Dignan & Son	ADDRESS 1000 S. Paca St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 D 6428

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 545 Preston St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Lacato.

(Residence in Baltimore: No. 545 Preston St.; Yrs., 4 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug. (Month) 29, (Day) 1896 (Year)

7-AGE, 20 yrs. 10 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or estsblishment in which employed (or employer)..... Corpse

9-BIRTHPLACE. (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Lacato

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Mary Leyton

13-BIRTHPLACE OF MOTHER (State or Country). Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma F. Lockett

(Address) 545 Preston

15-

Filed JUN 30 1917, 191.... HARRY C. ANDREAE, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Mitral Valve

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Cardiac

(Duration).....yrs.....mos.....ds.

(Signed) O'Mellon M. D.

June 29, 1917 (Coroner.) (Address) 5 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, June 30, 1917

20-UNDERTAKER Samuel Hemsley ADDRESS 518 W. Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6429

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

D 6429

Registered No. C .....

1 PLACE OF DEATH

City of BALTIMORE (No. 818 Hanover St.; Ward 22)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Wilhelmina Kullick

Residence in Baltimore: No. 818 Hanover St.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH: July 22nd xx, 1868 (Month) (Day) (Year)

7 AGE: 48 yrs. 11 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: ~~Domestic~~ 037
(b) General nature of industry, business, or establishment in which employed (or employer): Home Wife

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Herman Taubert

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry G. Kullick

(Address) 818 Hanover St

15.

Filed JUN 30 1917, 191.....

HARRY C. ADAMS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 25 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1917, to. June 25 1917, that I saw h.r alive on June 24, 1917, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Endocarditis with nephritis (Duration) ..... yrs. 1 mos. 20 ds.

(Signed), Hugh Cook Kurlis M. D.

June 28, 1917 (Address) 610 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: July 1st, 1917

20 UNDERTAKER: E. Schlosman & Son — ADDRESS 1039 Hanover St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT, WITH UNFADING INK. THIS IS A PERMANENT RECORD

D 6430

HEALTH DEPARTMENT—CITY OF BALTIMORE

169 ✓

D 6430

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Park Central Av ST.: 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME McKnan

(Residence in Baltimore: No. McKnan St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	1

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 25-40 Yrs ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work McKnan
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), McKnan

PARENTS.

10-NAME OF FATHER, McKnan

11-BIRTHPLACE OF FATHER (State or Country), McKnan

12-MAIDEN NAME OF MOTHER, McKnan

13-BIRTHPLACE OF MOTHER (State or Country), McKnan

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Undertaker Police Clerk

(Address) Cor E Fayette Broadway

15-

Filed....., 191.....

HARRY C. ANDREWS
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said investigation
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas Flow Tristan M. D.
(Coroner)

June 25, 191 7 (Address) 1610 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

JUN 30 1917 — PUBLIC CEMETERY — JUN 29 1917

Registrar of Vital Statistics

Commissioner of Health

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WHEN PLANNED, WITH UNFADING INK. THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 6231 91 ✓ D 6231

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 630 W. Lexington St. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Roy F. Dunlap

(Residence in Baltimore: No. 630 W. Lexington St.; yrs. 4 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M | 4 COLOR OR RACE W | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6 DATE OF BIRTH February 16th, 1917 (Month) (Day) (Year)

7 AGE ..... yrs. 4 mos. 13 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —

000 000

9 BIRTHPLACE (State or country) Balto. Maryland

PARENTS

10 NAME OF FATHER Harry R. Duncap

11 BIRTHPLACE OF FATHER (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Elsie E. Fleckinger

13 BIRTHPLACE OF MOTHER (State or country) Sanngtown, Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry Dunlap

(Address) 630 W. Lex St

15 JUN 30 1917 Filed ....., 191.... HARRY C. ANDERS... Deputy Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 29th, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1917, to June 29th 1917.
that I saw him alive on June 29th 1917.
and that death occurred, on the date stated above, at 6.40A m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. G. Jones M. D.

June 30, 1917 (Address) 1235 N. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Littlestown Pa | DATE OF BURIAL July 1st, 1917

20 UNDERTAKER Joseph B. Cook | ADDRESS 1003 W. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hester Monroe

(Residence in Baltimore: No. 9 days in Hospital St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. August 25, 1905
(Month) (Day) (Year)

7-AGE, 11 yrs. 10 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~~School~~
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country). West Virginia

PARENTS.

10-NAME OF FATHER, Ashby Monroe

11-BIRTHPLACE OF FATHER (State or Country). W. Va.

12-MAIDEN NAME OF MOTHER Nannie Graves

13-BIRTHPLACE OF MOTHER (State or Country). W Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

15- JUN 30 1917 HARRY C. ANDREWS
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22 1917, to June 30 1917, that I saw h[illegible] alive on June 30 1917, and that death occurred, on the date stated above, at 3.50 P m.

The CAUSE OF DEATH* was as follows:

Acute Osteomyelitis Rt. Hip.

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

(Signed) W. J. Elmendorf M. D.

June 30, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 57 Walnut St Clarksburg W Va

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Clarksburg W. Va	June 30, 1917
20-UNDERTAKER Talbott & Fuller	ADDRESS 221 N Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6433

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6433

CERTIFICATE OF DEATH.

1820

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST. 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Keener

(Residence in Baltimore: No. 609 Sharp St. yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col	Single

6-DATE OF BIRTH, Oct 24, 1878
(Month) (Day) (Year)

7-AGE, 38 yrs. 8 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Basil Keener.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Joe Garrett
(Address) 609 Sharp

15-
Filed JUN 30 1917, 191.... HARRY C. ANDREWS
Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis following pistol shot wounds in abdomen

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Homicide

(Duration).....yrs.....mos.....ds.

(Signed) A. L. Doggett M. D.
(Coroner)
June 29, 1917. (Address) 512 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS ONLY.)
At place of death.....yrs. 1 mo. ....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?..... 609 Sharp St.

Former or usual residence 609 Sharp St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, July 1, 1917

20-UNDERTAKER C. L. Brauns & Sons ADDRESS 108 N. Monty

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6434

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6434

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; ..... WARD)

REGISTERED NO, C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Gasser.

(Residence in Baltimore: No. 2405 E. 8th Street; If Not in Balto. St.; ..... yrs. ..... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April ....., 1917
(Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... None .....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. William F. Gasser.

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Nellie E. Macks.

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry B. Conrad

(Address) Johns Hopkins Hosp.

15-

Filed JUL 30 1917, 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 29 1917, to June 30 1917, that I saw her alive on June 30 1917, and that death occurred, on the date stated above, at 11.45 m.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal indigestion

(Duration) 0 yrs. 0 mos. 14 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry B. Conrad M. D.

June 30, 191. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 1 yrs. 1 mos. 1 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2 195 E 8th St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, July 1, 191 7.

20-UNDERTAKER Lilly and Zeiler. ADDRESS 403 S Wolfe St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

D 6435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 6435

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 Vine ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Slow

(Residence in Baltimore: No. 1034 Vine St.; 20 yrs.,.....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1897 (Year)

7-AGE, 20 yrs. ... mos. ... ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): 04-1

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Slow

11-BIRTHPLACE OF FATHER (State or Country): Cambridge Md

12-MAIDEN NAME OF MOTHER Martha Dutton

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Dutton

(Address) 1034 Vine St

15-

Filed ..... 191...

HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23rd 1917, to June 28th 1917, that I saw h[er] alive on June 28th 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) ... yrs. ... mos. 14 ds.

(Signed) Lotte W Bartlett M. D.

....., 191... (Address) 1443 Walnut

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, July 2, 1917

20-UNDERTAKER Brown & Lee and Schroder ADDRESS 1142 N.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6436

CERTIFICATE OF DEATH.

D 6436

64

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 161 Calvin St. St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie Shipley

(Residence in Baltimore: No. 161 Calvin St St.; ~ yrs., ~ mos. ~ ds.)

N.B.—Any item of information known be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Unknown, (Month) (Day), 1871. (Year)

7-AGE,	If LESS than 1 day,
46 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic 070
(b) General nature of industry, business, or establishment in which employed (or employer) general house work

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Duffin

(Address) 304 Tyson St

15-

Filed....., 191.... HARRY C. ANDREWS
Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 30, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30, 1917, to June 30, 1917, that I saw h er alive on June 30 1917, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Dabney J. Green M. D.

June 30., 1917. (Address) 120½ Asquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos.....ds. In the State .....yrs. .....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	June 30, 1917.

20-UNDERTAKER	ADDRESS
Wm Robt A Elliott	506 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6437

CERTIFICATE OF DEATH.

104 D 6437

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Cuklan

(Residence in Baltimore: No. 1412 Fairmount Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, August 1, (Month) (Day) 1916 (Year)

7-AGE, ... yrs. 11 mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... none
(b) General nature of industry, business, or establishment in which employed (or employer) ... none

9-BIRTHPLACE, (State or Country) Russia-Md

PARENTS.

10-NAME OF FATHER, Simon Cuklan

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rebecca Levine

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry B. Conrad

(Address) Johns Hopkins Hosp

15-

Filed ..., 191... HARRY C. ANDREWS Registrar.

JUL 1 - 1917 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 30, (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ...191 7..., to June 30 191 7, that I saw h[illegible] alive on June 30 191 7, and that death occurred, on the date stated above, at 4 PM. The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion

..... (Duration) ...yrs. ...mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Henry B. Conrad M. D.

June 30, 191 7 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1412 Fairmount Ave

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, July 1, 191 7

20-UNDERTAKER Jack Levin

ADDRESS 1411 E. Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2,000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6438

CERTIFICATE OF DEATH.

66 D 6438

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Abbottson ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa A. Dutton

(Residence in Baltimore: No. 1600 Abbottson St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Apr. 25, 1840
(Month) (Day) (Year)

7-AGE, 77 yrs. 2 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... 057

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm R. Burneston

11-BIRTHPLACE OF FATHER (State or Country), Md. —

12-MAIDEN NAME OF MOTHER Matilda Edwards

13-BIRTHPLACE OF MOTHER (State or Country), Md —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick W. Dutton

(Address) 1606 Abbottson St.

15-

Filed JUL 1 1917 191.... HENRY O. ANDREWS
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH June 29, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1915, to June 29 1917, that I saw her alive on June 29 1917, and that death occurred, on the date stated above, at 10¹⁵ a. m.

The CAUSE OF DEATH* was as follows:

1. Hemaphlegia +
2. Exhaustion

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemaphlegia

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) W. P. P. Carman M. D.

June 30 1917. (Address) 1701 N. Carolina

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet DATE OF BURIAL, July 1, 1917

20-UNDERTAKER Wm Cook ADDRESS 502 E. North Ave

I.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr Carman 1701 N Carolina

Spec.—8-24-14—M. & T.—2000 Bks.

D 6439 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 D 6439

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1337 N Mount St., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Glatterfuch

(Residence in Baltimore: No. 1337 N Mount St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col

5-SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (Write the word.) Widowed

6-DATE OF BIRTH, May (Month) 7 (Day) 1884 (Year)

7-AGE, 32 yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Painter (b) General nature of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country), Washington D. C.

PARENTS.

10-NAME OF FATHER, John Glatterfuch

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Rachel Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel Glatterfuch

(Address) 1337 N Mount St.

15- Filed 1-1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1917, to June 27 1917, that I saw h.. alive on June 27 1917, and that death occurred, on the date stated above, at 6P m.

THE CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Undetermined

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) .....

(Duration) ...yrs. ...mos. ...ds.

(Signed) R. Garland Ahrens M. D.

June 28, 1917. (Address) 1534 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Lebanon Cem	July 1, 1917

20-UNDERTAKER Edward Reinoehl ADDRESS 1163 W Lexington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6440 HEALTH DEPARTMENT—CITY OF BALTIMORE D 6440

CERTIFICATE OF DEATH. 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 Argyle ave ST.; 17 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Saphia Johnson

(Residence in Baltimore: No. 1218 Argyle ave St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) ..... (Year)

7-AGE, 35 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Cephus

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Wilson

(Address) 1219 Argyle Ave

15- JUL 1 - 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1917, to June 27 1917, that I saw h—m alive on June 27 1917, and that death occurred, on the date stated above, at 5-30 p.m.

The CAUSE OF DEATH* was as follows:

Bronchitis Pneumonia
Cellulitis Gangrene

(Duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Bronchitis Pneumonia

(Duration) yrs. 1 mos. 15 ds.

(Signed) Wilfred Kennard M. D.

June 29 1917. (Address) 708 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, June 29 1917

20-UNDERTAKER Samuel Hawley — ADDRESS 5 Eutaw Pl

N. B.—Every item of information should be carefully supplied. AGE should be carefully stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓ D 6441

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Daugherty

(Residence in Baltimore: No. 18 S. Chester St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, ~~10~~ 18 (Month) ~~1~~ (Day), 1871 (Year)

7-AGE, 46 yrs. 8 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: 061
(a) Trade, profession, or particular kind of work..... Coachman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Baltimore City

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Roger Daugherty

11-BIRTHPLACE OF FATHER (State or Country), Donegal - Ireland

12-MAIDEN NAME OF MOTHER Katherine McDermott

13-BIRTHPLACE OF MOTHER (State or Country), Donegal Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Michael Daugherty

(Address) 18 S Chester St

15-

Filed JUL 1 1917, 191.....

HARRY O. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 28th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19th 1917, to June 28th 1917, that I saw h~~im~~ alive on June 28th 1917, and that death occurred, on the date stated above, at 1.30 P.m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs

..... (Duration) ..... yrs. ..... mos. 9 ds.

(Signed) H. D Mosher M. D.

June 28th, 1917. (Address) St Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? P P

Former or usual residence 18 S. Chester St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, July 2nd 1917.

20-UNDERTAKER John A Moran — ADDRESS Bank & Aisquith

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6442

CERTIFICATE OF DEATH.

157 D 6442

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2126 Fleet ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Kownacka

(Residence in Baltimore: No. 2126 Canton St.: ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) M

6-DATE OF BIRTH, June 30, 1917. (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Infant .....

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Julian Kownacki

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Pauline Kotalowski

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Briana Kownacki

(Address) 2126 Canton

15- Filed ..... 191... HARRY C. ANDRUS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 191 7 to July 1 191 7 that I saw h[illegible] alive on July 1 191 7 and that death occurred, on the date stated above, at 12:15 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Bryan M. D.

July 1, 191 7 (Address) 2126 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, July 1, 1917.

20-UNDERTAKER Wm Galfowski

ADDRESS 1618 Eastern Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

23

D 6443

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6443

CERTIFICATE OF DEATH.

134

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md. Genl. Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo Dorn

(Residence in Baltimore: No. Catonsville St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1897 (Year)

7-AGE, 20 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE. (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thos. Dorn

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Ireland Wright

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Thos. Dorn

(Address) Catonsville

15- HARRY C. ANDREWS

Filed JUL 1 1917 Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 26 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or Inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Tuberculosis

..... (Duration) ....yrs. 8 mos. 0 ds.

CONTRIBUTORY (Secondary) Accidental Illuminating Gas Poisoning

..... (Duration) .....yrs. .....mos. .....ds.

(Signed)..... M. D.

June 26, 1917 (Coroner) (Address) Catonsville Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, July 1, 1917

20-UNDERTAKER Edward W. Pye — ADDRESS 903 Edmondson Ave Catonsville Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6444

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6444

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 S Amm ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Kerr

(Residence in Baltimore: No. 519 S Amm St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, January 26, 1895 (Month) (Day) (Year)

7-AGE, 22 yrs. 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dress making
(b) General nature of industry, business, or establishment in which employed (or employer): 069

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS:

10-NAME OF FATHER, Edwad Kerr

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Murry

13-BIRTHPLACE OF MOTHER (State or Country), Baltmore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) 519 S Amm

15- Filed JUL 1 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 3 1917, to June 28 1917, that I saw her alive on June 26 1917, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [redacted] M. D.

6-30, 191.. (Address) [redacted] S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	July 1, 191 7.
20-UNDERTAKER	ADDRESS
Wendell Ruffel & Son	378 Amm

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6445

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6445

CERTIFICATE OF DEATH.

81 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 N. Bond St.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Edward Truman

(Residence in Baltimore: No. 1739 N. Bond St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 2, 1852 (Month) (Day) (Year)

7-AGE, 65 yrs. 4 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of Industry, business, or establishment in which employed (or employer) Clerk 009

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Levin Truman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Hamilton

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Truman

(Address) 1739 N. Bond st.

15-

Filed JUL 1 - 1917 191.... HARRY O. ANDREAE Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH June 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from at periods two weeks prior to his death 191.... to 191....,
that I saw him alive on June 26 191 7,
and that death occurred, on the date stated above, at 5-05 P m.

The CAUSE OF DEATH* was as follows:

Chronic sclerosis

Several years (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

.....of (Duration).....yrs.....mos.....ds.

(Signed) F. A. Warner M. D.

June 29, 191 7. (Address) 1133 Valley Rd.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, M't Olivet Cemetery — DATE OF BURIAL, June 2, 191 7.

20-UNDERTAKER Albert E. Fuller — ADDRESS 220 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 D 6146

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Mt. Royal Ave. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Odelia Dieter

(Residence in Baltimore: No. 1422 Mt. Royal Ave. St.; 70 yrs., 10 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, August 5, 1846, 1
(Month) (Day) (Year)

7-AGE, 70 yrs. 10 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Valentine Dieter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Teresa Bosselle

13-BIRTHPLACE OF MOTHER (State or Country), Do not Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John W. Breedlove

(Address) 1422 Mt. Royal Ave.

15- Filed JUL 1-1917, 191... HARRY O. ANDERS, Registrar. Local Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 30th; 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 21 1917, to June 30th 1917, that I saw h er alive on June 30th 1917, and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Do You Know how many years she had sclerosis? Symptoms (Duration) — yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis. Coarctation of Aort. (Duration) 3 yrs. — mos. — ds.

(Signed) D. Corbin Truett M. D.

June 30th, 1917 (Address) 712 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, July 2, 1917.

20-UNDERTAKER Henry W. Means & Son — ADDRESS 30 S. Calvert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6147

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 D 6147

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 N. Luzern Ave ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Martin Laughlin

(Residence in Baltimore: No. 1218 N. Luzern Ave St.; yrs. 9 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: September (Month) 12th (Day), 1916 (Year)

7-AGE: yrs. 9 mos. 18 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John Joseph Laughlin

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Margaret Eckel

13-BIRTHPLACE OF MOTHER (State or country): Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. J. Laughlin

(Address) 1218 N Luzern Ave

15- Filed JUL 2 1917 191 ROBERT R. KRAUTER Registrar

Burial Permit

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 30th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28th, 1917, to, June 30th 1917, that I saw him alive on June 29th 1917, and that death occurred, on the date stated above, at 2 50 am m.

The CAUSE OF DEATH* was as follows:

Sinus Colitis

(Duration) yrs. mos. 5 ds.

Contributory (SECONDARY) Bronchopneumonia

(Duration) yrs. mos. 2 ds.

(Signed), Thos F. A. Stevens M. D.

June 30, 1917 [Address] 2411 E Preston St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetary — DATE OF BURIAL: July 2, 1917

20-UNDERTAKER: Christian Miller — ADDRESS: 2326 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 6148

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Victoria Sullivan

(Residence in Baltimore: No. 1304 Mosher ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Mar 24, 1886 (Month) (Day) (Year)

7-AGE, 60 yrs. 7 mos. 9 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

X 837

9-BIRTHPLACE, (State or Country), Edinburg Scotland

PARENTS.

10-NAME OF FATHER, Hugh Stewart

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Graham

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Sullivan

(Address) 1304 Mosher ave.

15- JUL 2-1917 Filed ....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18 29, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1917, to June 29 1917, that I saw h.. alive on June 29 1917, and that death occurred, on the date stated above, at 7P. m.

The CAUSE OF DEATH* was as follows:

Carbuncle of Back

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Egan M. D.

June 29 191.7. (Address) St Joseph Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Balt Md

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem — DATE OF BURIAL, July 3, 1917.

20-UNDERTAKER Hetzfeldt's Sons Co — ADDRESS McCulloh & Orchard Sts

NOTE. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Louisa White

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6149

D 6149

PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED No. C 29

CITY OF BALTIMORE (No. Aged Mens Home St. 4th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Louisa White

(Residence in Baltimore: No. 1622 Druid Hill St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1841 (Year)

7-AGE, 76 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Pauley

(Address) 1622 S Druid Hill Ave

15-

Filed JUL 2 - 1917 191.

ROBERT R. KRAUTER
Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 30 (Month) (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

July 2, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, July 2, 1917

20-UNDERTAKER John H. Joadem

ADDRESS 142 W. Hill St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6150

CERTIFICATE OF DEATH.

10-4 D 6150

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Fairview Ave ST.; 15 WARD)

2-FULL NAME Robert Dennis Coxeter

(Residence in Baltimore: No. 3308 Fairview Av. St.; ....yrs.. ....mos. ....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, March (Month) 27, (Day) 1917 (Year)

7-AGE, ...yrs. 3 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER, Robert A Coxeter

11-BIRTHPLACE OF FATHER (State or Country). Connecticut

12-MAIDEN NAME OF MOTHER Mary Dennis

13-BIRTHPLACE OF MOTHER (State or Country). N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) U.S. Nuckolls

(Address) Garrison & Clifton

15-

Filed....., 191.... Registrar.

JUL 2 - 1917 ROBERT B. KRAUTER

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14 1917, to July 1 1917, that I saw h.. alive on July 1 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(Duration) ....yrs. 1 mos. ....ds.,

CONTRIBUTORY (Secondary) Auto-intoxication

(Duration) ....yrs. ....mos. 5 ds.

(Signed) U.S. Nuckolls M. D.

July 1, 191.7 (Address) Garrison & Clifton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, July 3 1917

20-UNDERTAKER Geo J Smith

ADDRESS 1000 N Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6451

CERTIFICATE OF DEATH.

64 D 6451

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 Pearl ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Isaacs

(Residence in Baltimore: No. 102 Pearl St.; .....yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, April (Month) 8th (Day) 1846 (Year)

7-AGE, 71 yrs. 2 mos. 22 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Store-keeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... Cigars & Tobacco

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, George B. Hanchy

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Hanna Considine

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss. Mabel Oelman

(Address) 102 Pearl St.

15- JUL 2-1917 ROBERT P. KRAUTER

Filed....., 191.....

Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 13 1916, to June 30 1917, that I saw her alive on June 29 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) X yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 1 yrs. 3 mos. 17 ds.

(Signed) Edw. T. Plummet M. D.

June 30, 1917. (Address) 539 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
National Cemetery	July 2, 1917
20-UNDERTAKER	ADDRESS
Wm. A. Rohde & Son	730 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 6152

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1444 N. Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carter Hackett

(Residence in Baltimore: No. 1444 N. Mount St.: ✓ yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	Colored	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1890 (Year)

7-AGE,	If LESS than 1 day,
27 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Porter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Robinson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margaret Hackett

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Hackett

(Address) 1444 N. Mount St.

15-

Filed JUL 2 - 1917, 191.....

ROBERT R. KRAUTER
Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 1917, to July 1 1917, that I saw h.. alive on July 1st 1917, and that death occurred, on the date stated above, at 1245p, m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. 30 ds.

CONTRIBUTORY (Secondary) asphyxia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) T E Daughtry M. D.

July 1, 191.. (Address) 1602 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Int Auburn — DATE OF BURIAL, July 3, 191.7

20-UNDERTAKER Edward Ringgold — ADDRESS 1463 N Carey

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6163

CERTIFICATE OF DEATH.

78 D 6153

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isador Tenivelle

(Residence in Baltimore: No. 114 Albemarle St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ? January, 1 .....
(Month) (Day) (Year)

7-AGE, 50 ? yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Tobacco stripper
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, ? Unknown

11-BIRTHPLACE OF FATHER (State or Country), ? Unknown

12-MAIDEN NAME OF MOTHER ? Unknown

13-BIRTHPLACE OF MOTHER (State or Country), ? Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isador Tenivelle

(Address) 114 Albemarle St

15- JUL 2 - 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit No. 4

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28 1917, to June 29 1917, that I saw h[illegible] alive on June 29 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

..... Myocarditis .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P. Smith M. D.

June 29., 1917. (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 114 Albemarle St

19-PLACE OF BURIAL, OR REMOVAL, St. Vincent — DATE OF BURIAL, July 3., 1917.

20-UNDERTAKER Randell Lippel & Son ADDRESS 330 S. Bond St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6154

CERTIFICATE OF DEATH.

151 D 6454

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1612 Chester ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Anna Ochmiet

(Residence in Baltimore: No. 1612 Chester St St.; ....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 28, 1917 (Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, 2 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jerome

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sophia Koengsmark

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia Koengsmark

(Address) 1612 Chester St

15- JUL 2-1917 Filed....., 191.... ROBERT B. KRAUTH Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28 1917, to June 28 1917, that I saw h.. alive on June 28 1917, and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Sepsis Mouth Pregnancy

Pneumonia Death

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Wallis White M. D.

June 28, 1917. (Address) 1101 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Lehnert Hospital

DATE OF BURIAL, July 2, 1917

20-UNDERTAKER

ADDRESS

Commissioner Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Jerry Preston

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6155

CERTIFICATE OF DEATH.

+126

D 6155

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore Ind. & Franklin Sts. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerry Preston

(Residence in Baltimore: No. Frankfurt & Wolfe Sts.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) x Married

6-DATE OF BIRTH, 1842 (Year) 3 (Month) 17 (Day)

7-AGE, 75 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Choptank Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry A. Vodery

(Address) 1725 Orleans St.

15- Filed JUL 2 - 1917 191. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 191 7, to 191, that I saw h[illegible] alive on July 30 1917, and that death occurred, on the date stated above, at 5:15 P m.

The CAUSE OF DEATH* was as follows:

Edema of lungs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophied prostate

(Duration) yrs. mos. ds.

(Signed) Martin H Lichtenberg M. D.

July 4, 1917. (Address) Franklin & Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 5 mos. ds. In the State 75 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Choptank Md.

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem. Balto. Md. DATE OF BURIAL: July 4, 1917

20-UNDERTAKER: Harry A Vodery ADDRESS: 1725 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6156

CERTIFICATE OF DEATH.

104 D 6156

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 N. Chester ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Eberle

(Residence in Baltimore: No. 1916 N. Chester St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, W. Chile

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 23 (Day), 1917 (Year)

7-AGE, ...yrs....mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Frank Eberle

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Frances Esbaum

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wilhelmina Eberle

(Address) 1916 N. Chester St.

15- ROBERT R. KRAUTER

Filed JUL 2 - 1917, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23 1917, to July 2 1917, that I saw h.. alive on July 1 1917, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) ....yrs. ....mos. 4 ds.

(Signed) Jno. F. Foster M. D.

July 2, 1917. (Address) 1823 N. Washington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, July 2nd, 1917

20-UNDERTAKER Henry Storck Son — ADDRESS 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 6157

CERTIFICATE OF DEATH

18 D 6157

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 715 N. Payson ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John S. Knapp

(Residence in Baltimore: No. 715 N. Payson St.; 69 yrs. 3 mos. 15 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 14, 1848 (Month) (Day) (Year)

7-AGE: 69 yrs. 3 mos. 15 ds. If LESS than 1 day, ... hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman 066
(b) General nature of industry, business, or establishment, in which employed (or employer): (White Lead)

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Don't Know

11-BIRTHPLACE OF FATHER (State or country): Don't Know

12-MAIDEN NAME OF MOTHER: Don't Know

13-BIRTHPLACE OF MOTHER (State or country): Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hattie E. Knapp

(Address) 715 N. Payson st

15. Filed JUL 2 - 1917, 191.. ROBERT R. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 30th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 30th, 1917, to. June 30th 1917, that I saw h in alive on June 30th, 1917, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) A. C. Bunch M. D.

July 2nd, 1917 (Address) W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: July 3, 191..

20-UNDERTAKER: Chas. E. Branch ADDRESS: 802 Madison

Spec.—8-24-14—M. & T.—2000 Blks.

D 6458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 45 D 6458

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp ST.; 19 WARD)

REGISTERED NO. C

2-FULL NAME Emma Butler

(Residence in Baltimore: No. 314 N Bruce St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word)
Female	Negro	Widow

6-DATE OF BIRTH, ... (Month) Nov (Day) 1708 (Year)

7-AGE, 9 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Sally McCally

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Butler

(Address) 314 N. Bruce St.

15- Filed JUL 2-1917, 191.. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27 1917, to June 30 1917, that I saw h[illegible] alive on June 27 1917, and that death occurred, on the date stated above, at 4.0 p. m.

The CAUSE OF DEATH* was as follows:

(a) Myocarditis

(b) ..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia Double

(c) ..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Edward M. Bunett M. D.

(Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. 7 mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 314 N. Bruce St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, July 2. 1917.

20-UNDERTAKER Charles B. Jones — ADDRESS 235 Pine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Emma B. Jackson

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6159 ✓ D 6459

CERTIFICATE OF DEATH.

28

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 878 mc Elmore St. 10 WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Emma B Jackson

(Residence in Baltimore: No. 878 mc Elmore St.; yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Fem	Col	Widow

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 45 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Work

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Jas Brown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Agatha Burns

(Address) Towson

15- Filed JUL 2 - 1917 191.. ROBERT R. KRAUTER Serial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., July (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Colitis Tuberculosis

..... (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) yrs. mos. ds.

(Signed) J. R. Quinby (Coroner) M. D.

....., 191... (Address) Towson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Pleasant Rest Cem — DATE OF BURIAL, July 3, 1917

20-UNDERTAKER Tobey Burns Sons — ADDRESS Towson

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6160

CERTIFICATE OF DEATH.

120 D 6160

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 W. Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Nixon

(Residence in Baltimore: No. 1226 W. Lombard St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Dec (Month) 26 (Day), 1844 (Year)

7-AGE,	If LESS than 1 day,
72 yrs. 6 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): 062

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Denis Nixon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Cusick

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Nixon

(Address) 1226 W Lombard St

15- JUL 2-1917 HARRY O. ANDREWS

Filed ..... 191... (Day) Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1917, to June 30 1917, that I saw h[illegible] alive on June 29 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

..... Malignic Poisoning

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Brights Dis

..... (Duration) 1 yrs. 7 mos. ..... ds.

(Signed) [illegible] MacNeill M. D.

July 2, 1917. (Address) 108 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	July 3, 1917
20-UNDERTAKER	ADDRESS
John J. Reilly	1200 E. Lombard st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6151

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6161

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Miller

(Residence in Baltimore: No. 53 Days in Hospital St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 11, 1899
(Month) (Day) (Year)

7-AGE, 17 yrs. 11 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, H. G. Miller

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Alice Hammond

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Pfeiffer

(Address) Johns Hopkins Hosp.

15-

Filed JUL 2 - 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 8 1917, to July 2 1917, that I saw h.... alive on July 2 1917, and that death occurred, on the date stated above, at 10 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

.....

.....

..... (Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Appendicitis

..... (Duration) ..... yrs. 5 mos. 15 ds.

(Signed) Wm. H. Welch M. D.

July 2, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 53 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence Williamsport, Pa.

19-PLACE OF BURIAL OR REMOVAL, Williamsport Pa

DATE OF BURIAL, July 2..., 191.7.

20-UNDERTAKER Elliott & Fuller

ADDRESS 221 N Bunday

Spec.—8-24-14—M. & T.—2000 Bks.

D 6162 HEALTH DEPARTMENT—CITY OF BALTIMORE D 6162

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7002 Fairmount Ave ST.; 19 WARD) REGISTERED No. C 29

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H Becker

(Residence in Baltimore: No 7002 Fairmount Av St.; 65 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widr

6-DATE OF BIRTH, Nov 4, 1863
(Month) (Day) (Year)

7-AGE, 53 yrs. 7 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Grocery 034
(b) General nature of industry, business, or establishment in which employed (or employer) Business

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER Christopher Becker

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Elizabeth Becker

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs C Healy

(Address) 7002 Fairmount Av

15-

Filed JUL 2-1917, 191.... HARRY C. ANDREAE Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1917, to June 30 1917, that I saw him alive on June 29 1917, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 5 yrs. mos. ds.

(Signed) H. J. Streibel M. D.

July 2, 1917. (Address) 632 Gorsuch Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, July 4, 1917.

20-UNDERTAKER Robt J Turner — ADDRESS 1442 4 Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 6163

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 N Durham ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Dite

(Residence in Baltimore: No. 1507 N Durham St.; 27 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 26 (Month) (Day), 1870 (Year)

7-AGE, 46 yrs. 6 mos. 4 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): 32

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joe Dite

(Address) 1507 N Durham

15- Filed JUL 2-1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 30 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to June 30 1917, that I saw her alive on June 29 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) A W Dashiell M. D.

July 2, 1917. (Address) 1540 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lot Lady Baltimore — DATE OF BURIAL, July 3, 1917

20-UNDERTAKER Robt Skinner — ADDRESS 1442 N Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6164

CERTIFICATE OF DEATH.

91

D 6164

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 E Madison ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Grundy

(Residence in Baltimore: No. 1906 E Madison St.; 60 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, April (Month) 12 (Day), 1831 (Year)

7-AGE, 86 yrs. 2 mos. 19 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Fincher

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. F. Robinson

(Address) Not Washington Ln Md

15-

Filed JUL 2-1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1917, to July 1st 1917, that I saw her alive on June 30th 1917, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(Duration) 3 yrs. ... mos. ... ds.

(Signed) Edw. M. Langwerd M. D.

July 2, 1917 (Address) 5 N. Washington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, July 5, 1917

20-UNDERTAKER Rabbi Turner — ADDRESS 1422 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

22 D 6465

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 Gilbert ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest V. Dawson

(Residence in Baltimore: No. 621 Gilbert St.: 22 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 22 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Jos H Dawson

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Briscoe

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Dawson

(Address) 621 Gilbert

15-

Filed JUL 2 - 1917 191... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 191..., to June 30 191..., that I saw h... alive on June 29 191..., and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

1 Psycho-Neurosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

..., 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, June 3, 1917

20-UNDERTAKER F. Zeigler & Bro

ADDRESS 102 E Hillsboro

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6166

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6466

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Hosp ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore H. Morrison

(Residence in Baltimore: No. 2913 Huntingdon Ave St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1859
(Month) (Day) (Year)

7-AGE, 58 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work R.R. Conductor
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Morrison

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Louise Fowler

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address) .....

15-

Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk.

JUL 2 - 1917

Registrar.

over

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 1 1917, to July 2 1917, that I saw him alive on July 2 1917, and that death occurred, on the date stated above, at 3:00 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Hurst M. D.

July 2, 1917. (Address) Union Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 2913 Huntington Ave.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, July 5, 1917

20-UNDERTAKER Emmanuel Church ADDRESS 361 Eastern Ave

over

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6467 — CERTIFICATE OF DEATH. — 50 — D 6467

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1851 Harford ave ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Mosgarett Hand

(Residence in Baltimore: No. 1851 Harford ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	married

6-DATE OF BIRTH, Feb. (Month) 24 (Day), 1 (Year)

7-AGE, 50 yrs. 4 mos. 3 ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Duties
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Frederick Md.

PARENTS.

10-NAME OF FATHER, John F Dimmick

11-BIRTHPLACE OF FATHER (State or Country), Frederick

12-MAIDEN NAME OF MOTHER, Mary Catharine Wickler

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), Jane Dorsey (Mother)

(Address) 1313 North Eden.

15- Filed JUL 3 - 1917, 191.... ROBERT R. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 29 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 6th 1917, to June 29 1917, that I saw h.r. alive on June 28 1917, and that death occurred, on the date stated above, at 3:10 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Abouts (Duration) 4 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

About (Duration) ....yrs. 6 mos. ....ds.

(Signed) Samuel A Bair M. D.

June 30, 1917. (Address) 937 madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, July 3rd, 191..

20-UNDERTAKER George J. Ruth — ADDRESS 1735 Hanford Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 6468

CERTIFICATE OF DEATH

104 D 6468

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 632 Greenwillow St. ST.; 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill in No. 18.)

2-FULL NAME Reese Lowmack.

(Residence in Baltimore: No. 632 Greenwillow St.; — yrs. 3 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	colored	infant.

6-DATE OF BIRTH March 2, 1917 (Month) (Day) (Year)

7-AGE — yrs. 3 mos. 29 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) ..... — 0000

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Attress Lowmack

11-BIRTHPLACE OF FATHER (State or country) Ill.

12-MAIDEN NAME OF MOTHER Anna Bryor

13-BIRTHPLACE OF MOTHER (State or country) Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chester Riland., M.D.

(Address) 2532 Edmondson Ave.

15. Filed JUL 3 - 1917, 191.... ROBERT R. KRAUTER Vital Statistics Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July (Month) 1 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1917, to July 1 1917, that I saw h~~im~~ alive on June 30, 1917, and that death occurred, on the date stated above, at 9.15 a.m.

The CAUSE OF DEATH* was as follows:

ileo-colitis

(Duration) — yrs. — mos. 6 ds

Contributory (SECONDARY) none

(Duration) — yrs. — mos. — ds.

(Signed) Chester Riland., M. D.

7-2-, 1917 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cem | DATE OF BURIAL July 3, 1917

20-UNDERTAKER Samuel Newby | ADDRESS 578 W Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U.S.A. DEATH

Spec.—8-24-14—M. & T.—2000 Bks.

D 6169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 D 6169

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 721 Eutaw St.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucretia Dutton

(Residence in Baltimore: No. 721 Eutaw St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black C. G.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 13 (Month) (Day) 1885 (Year)

7-AGE, 32 yrs. — mos. 18 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas J. Hilliard

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Harriet Harden

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriet Kane

(Address) 152 E. Monument St.

15- JUL 3 1917 Filed ..... 191... ROBERT R. KRAUTHR Burial Permit Clerk ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 1, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1917, to July 1, 1917, that I saw her alive on July 1, 1917, and that death occurred, on the date stated above, at 10:15 a.m.

The CAUSE OF DEATH* was as follows:

Peritonitis

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Appendicitis

..... (Duration) ....yrs. ....mos. 3 ds.

(Signed) D. E. Lawson M. D.

July 1, 191... (Address) 1520 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Cem. DATE OF BURIAL, July 3, 191...

20-UNDERTAKER Samuel Heuder ADDRESS 57 N. Eddaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6170

CERTIFICATE OF DEATH.

5 115

REGISTERED No. C D 6170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Lewis ST.; 5 WARD)

2-FULL NAME Peter Cydlett

(Residence in Baltimore: No. 407 Lewis St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black. C.A.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Unknown, 1 (Month) (Day) (Year)

7-AGE. 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Priestley Cydlett

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Elizabeth ?

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Cydlett

(Address) 407 Lewis St.

15- Filed JUL 3 - 1917, 191 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 29, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23 1917, to June 29 1917, that I saw h[illegible] alive on June 29 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cathexis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Gastric Catarrh

(Duration) yrs. mos. 6 ds.

(Signed) W. H. O. Robinson M. D.

June 29 1917 (Address) 153 N. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Mt Auburn

DATE OF BURIAL. July 3, 1917

20-UNDERTAKER Thos J. G. Locke

ADDRESS 1302 Jefferson

Spec.—8-24-14—M. & T.—2000 Blks.

D 6471

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6471

W. CERTIFICATE OF DEATH.

113

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 Preston ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Robert Oliver

(Residence in Baltimore: No. 235 Preston St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, June (Month) 15 (Day), 1840 (Year)

7-AGE, 77 yrs. ....mos. 16 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): 045

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, J. C. Oliver

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elz. Smallwood

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Effie. Oliver

(Address) 235 Preston St

15-

Filed JUL 3 1917 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1st (Day); 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 191.., to July 1st 191.., that I saw him alive on June 30 191.., and that death occurred, on the date stated above, at 7a. m.

The CAUSE OF DEATH was as follows:

Nephritis

(Duration) ....yrs. 12 mos. ....ds.

CONTRIBUTORY (Secondary) Hepatic Cirrhosis

(Duration) 3 yrs. ....mos. ....ds.

(Signed) Wm. McDonald M. D.

7-3, 191.. (Address) 1309 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, July 3, 1917

20-UNDERTAKER W. L. Dickinson

ADDRESS Penna Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6472

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6472

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Macey (Macey)

(Residence in Baltimore: No. 5 days St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	married

6-DATE OF BIRTH. ..... (Month) ....., 1 (Day) ..... (Year)

7-AGE.	If LESS than 1 day,
43 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, Noye Benem

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) Johns Hopkins Hospital

15- Filed JUL 3 1917 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit 0137

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 28 191.., to July 2 191..,
that I saw her alive on July 2 191..,
and that death occurred, on the date stated above, at 3.30 a m.
The CAUSE OF DEATH* was as follows:

.....Miliary Tuberculosis.....
.....
.....
..... (Duration) .....yrs. 1 mos. .....ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) .....yrs. .....mos. .....ds.

(Signed) A H Bloomfield M. D.
July 2, 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 5 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Solers P. O. Md

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Marley Wood Church Cemetery	July 3, 1917

20-UNDERTAKER	ADDRESS
Armstrong & Canny Co	710 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Nathan Reinhart

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6473

CERTIFICATE OF DEATH.

+81 D 6473

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathan Reinhart

(Residence in Baltimore: No. Westminster Hotel St.; ..... yrs., 9 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Unknown ....., 1853
(Month) (Day) (Year)

7-AGE, 64 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) 086

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Jack Lewis .....

(Address) ..... 1411 E Balto St. .....

15- JUL 3 - 1917 ROBERT B. KRAUTZ

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/11 1917, to 7/2 1917, that I saw h[e] alive on 7/2 1917, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... Geo. F. Lenz ..... M. D.

7/3, 191.7 (Address) ..... University Hosp. .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 17 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Westminster Hotel

19-PLACE OF BURIAL OR REMOVAL, Oheb Sholom Cem — DATE OF BURIAL, July 3, 1917

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Sam Shafran

D 6474

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 6474

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. St.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sam Shafran

(Residence in Baltimore: No. 401 South Eden St.; ...yrs. 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	

6-DATE OF BIRTH, Nov (Month) — (Day), 1915 (Year)

7-AGE, 1 yrs. 7 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Solomon Shafran

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Kuker

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Baltimore

15- Filed JUL 3 - 1917, 191... ROBERT R. KRAUTER Burial Permit Issued. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 1st 1917, to July 2nd 1917, that I saw h... alive on July 2nd 1917, and that death occurred, on the date stated above, at 4:50 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ...yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Acc. Card - Dilatation

(Duration) ...yrs. ...mos. ...ds.

(Signed) M B Levy 1/2 hour M. D.

..., 191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 1 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 401 S. Eden St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL. 7/3..., 191...7

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6475

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6475

CERTIFICATE OF DEATH.

REGISTERED No. C 134

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann Gen Hospital ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Heidrick

(Residence in Baltimore: No. 2012 Presbury St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Dec (Month) 2 (Day), 1880 (Year)

7-AGE, 36 yrs. 7 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Goshunty

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Johana (illegible)

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roland Heidrick

(Address) 2012 Presbery st

15- Filed JUL 3 - 1917, 191... ROBERT P. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1917, to July 2 1917, that I saw h[illegible] alive on July 1 1917, and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Suppurative peritonitis

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Abortion (Accidental)

(Duration) ....yrs. ....mos. 14 ds.

(Signed) M Beam Westwood M. D.

July 2, 1917. (Address) 626 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2016 Presbery St

19-PLACE OF BURIAL OR REMOVAL, Philadelphia Pa — DATE OF BURIAL, 7-3-, 1917.

20-UNDERTAKER Robt Brooks & Son — ADDRESS 145 Calhoun St

Coroner.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6176

CERTIFICATE OF DEATH.

D 6176

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3003 Frederick Ave St.; 20 WARD)

REGISTERED No. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August J. Glatzel

(Residence in Baltimore: No. 3003 Frederick Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 26, 1857 (Month) (Day) (Year)

7-AGE, 59 yrs. 8 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Jarvis 048

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, August Glatzel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katherine

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Glatzel

(Address) 3003 Fred'k Ave.

15-

Filed JUL 3 - 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Ord...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1917, to July 1 191 7, that I saw h[illegible] alive on July 1 191 7 and that death occurred, on the date stated above, at 4.15 m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis

(Duration) ....yrs. 8 mos. ....ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(Duration) ....yrs. ....mos. 2 ds.

(Signed) A. Henry Merkel M. D.

July 2, 1917. (Address) 4th Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Druid Ridge — DATE OF BURIAL, July 3, 191.7

20-UNDERTAKER Leo A Gerber — ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6177

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6177

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N Washington ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gathmus C Wagner

(Residence in Baltimore: No. 204 N Washington St.; 31 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, March 13, 1886
(Month) (Day) (Year)

7-AGE, 31 yrs. 3 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Kerner

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Carrie Winkelman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick H. Wagner

(Address) 204 N. Washington St.

15-

Filed JUL 3 - 1917 191.... ROBERT P. KRAUTH Registrar

Burial Permit 5...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, that I attended deceased from May 11 1917 to July 1 1917, that I saw her alive on July 1 1917, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 1 mos. 20 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 12 ds.

(Signed) Adolph C. Eisenlerg M. D.

July 1, 1917. (Address) 2201 Ashland Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, July 4, 1917.

20-UNDERTAKER J. Herriger & Co. — ADDRESS 2000 Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6478

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6478

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2637 Fait Ave. St.; 1 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton Olss.

(Residence in Baltimore: No. 2637 Fait Ave. St.; 37 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 31 (Day) 1847 (Year)

7-AGE, 70 yrs. 1 mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Grocery.

9-BIRTHPLACE, (State or Country), German Poland.

PARENTS.

10-NAME OF FATHER, Frank Olss.

11-BIRTHPLACE OF FATHER (State or Country). German Poland

12-MAIDEN NAME OF MOTHER Mary —

13-BIRTHPLACE OF MOTHER (State or Country), German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Mary Olss.

(Address).. 2637 Fait Ave.

15-

Filed JUL 3 1917 191.... ROBERT P. KRAUTER ....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 20 1916, to July 2 1917, that I saw h.. alive on July 2 1917, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) ..... yrs. Months ds.

CONTRIBUTORY (Secondary) Clinical

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. H. Lonnquest M. D.

June 2, 1917. (Address) 2431 Fait Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus. DATE OF BURIAL, July 5th, 1917.

20-UNDERTAKER M. F. Sadowski. ADDRESS 409 S. Ann St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6479

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6479

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 E Pratt ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R.C. Gardner

(Residence in Baltimore: No. 2214 E Pratt st St.; 69 yrs., 4 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widower

6-DATE OF BIRTH, February 4th, 1848.
(Month) (Day) (Year)

7-AGE, 69 yrs. 4 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired Butter Dealer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Philip Gardner

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard R Gardner

(Address) 2214 E Pratt st

15- Filed JUL 3 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916, to July 2 1917, that I saw h[illegible] alive on July 1 1917, and that death occurred, on the date stated above, at 6.15 a. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John T. Speckrugh M. D.

July 2, 1917. (Address) 212 E Balto 21

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, July 4, 1917.

20-UNDERTAKER George Schilling & Sons — ADDRESS 1126 E Monument

27

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6480

W CERTIFICATE OF DEATH.

28 D 6480

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 742 Gorman St.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomas

(Residence in Baltimore: No. 742 Gorman St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Unknown, 1
(Month) (Day) (Year)

7-AGE. 21 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Richardson

(Address) 742 Gorman St

15-

Filed JUL 3 - 1917, 191... ROBERT B. FRANCIS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1917, to June 30 1917, that I saw h alive on June 30 1917, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Purulent Pleurisy

Unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

Unknown

(Duration) yrs. mos. ds.

(Signed) M. D.

, 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	July 3, 1917
20-UNDERTAKER	ADDRESS
Fred H Hooper	609 Little Pacific

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6481

CERTIFICATE OF DEATH.

70 D 6481

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2614 McHenry — St.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise P. Houck

(Residence in Baltimore: No. 2614 McHenry — St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, July 16, 1869. (Month) (Day) (Year)

7-AGE, 47 yrs. 11 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John M. Felger

11-BIRTHPLACE OF FATHER (State or Country), Germany —

12-MAIDEN NAME OF MOTHER Annie Anson

13-BIRTHPLACE OF MOTHER (State or Country), Germany —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vernon L. Houck

(Address) 2614 McHenry —

15- Filed JUL 3 · 1917, 191.... ROBERT N. KRAUSE Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 1st, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 191[illegible], to July 1st 191[illegible], that I saw h[illegible] alive on July 1st 191[illegible], and that death occurred, on the date stated above, at 8 55 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Operation.

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Edema

(Duration) yrs. 3 mos. ds.

(Signed) Edw. [illegible] M. D.

July 3, 191[illegible] (Address) [illegible] Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery Co

DATE OF BURIAL, July 3rd, 1917.

20-UNDERTAKER F. B. Wisent

ADDRESS 1738 Fredk Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 6482

CERTIFICATE OF DEATH

64 D 6182

REGISTERED No. C.....

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. North Broadway ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. R. Simmons

(Residence in Baltimore: No. 807 St Paul St.; 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: October (Month) 15 (Day), 1847 (Year)

7-AGE: 69 yrs. 9 mos. 16 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At Home.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): West River Anne Arundel Co Md

PARENTS

10-NAME OF FATHER: Thomas Simmons.

11-BIRTHPLACE OF FATHER (State or country): West River Anne Arundel Co Md.

12-MAIDEN NAME OF MOTHER: Hannah Blayney.

13-BIRTHPLACE OF MOTHER (State or country): Philadelphia Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs W. Edward Heimendahl
(Address) 807 St Paul St.

15- Filed JUL 3 1917 ROBERT R. KRAUTHER DEPUTY HEALTH COMMISSIONER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10, 1915, to, July 1 1917, that I saw her alive on July 1 1917, and that death occurred, on the date stated above, at 7.55 P.m.

The CAUSE OF DEATH* was as follows: Autopsy permitted

Oedema of Lungs
Hypostatic pneumonia
(Duration) 3 mos. 3 ds.
Contributory (SECONDARY) chronic diffuse nephritis arterial sclerosis cardiac insufficiency
Cerebral Hemorrhage (Duration) 1 yrs. 8 mos. 4 ds.

(Signed), Augusta Scott M. D.
July 2 1917. [Address] Johns Hopkins Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death 1 yrs 7 mos 21 ds. In the State yrs mos ds.
Where was disease contracted, if not at place of death?
Former or usual residence 807 St Paul

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: July 3rd 1917

20-UNDERTAKER: Henry W. Jenkins Sons Co. Orchard Sts.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6488

CERTIFICATE OF DEATH.

79 D 6483

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Hanbert St. ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Stonkavitz

(Residence in Baltimore: No. 1414 Hubert St.

St.: ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan (Month) 1 (Day), 1870 (Year)

7-AGE, 47 yrs. 6 mos. 1 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country) Russia

PARENTS.

10-NAME OF FATHER, John Stonkavitz.

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Do not know

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Alexander

(Address) 1414 Hubert St.

15-

Filed JUL 3 - 1917 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 1917, to July 2 1917, that I saw her alive on July 2 1917, and that death occurred, on the date stated above, at 1.45 p. m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(Duration) 1 yrs. 6 mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Wm. H. Slabey M. D.

July 2, 1917. (Address) 621 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (a) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	July 5, 1917
20-UNDERTAKER	ADDRESS
John Gallagher	425 S. Paca St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6484

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6484

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 110 N. Green St. WARD 4)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Gudajis

Residence in Baltimore: No. 110 N. Green St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ..., 1870
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
47 yrs. — mos. — ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): 080

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, John Gudajis

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Milpszkats

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE ~~IS~~ TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Gudajis

(Address) 110 N. Green

15-

Filed JUL 3 1917 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation Caused by hanging - Suicide

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) A. S Donsell M. D.
(Coroner)

July 3, 1917 (Address) 512 N Carrollton av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	....., 19....
20-UNDERTAKER	ADDRESS
John Gudelauskas	1111 S Paca St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6485

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6485

CERTIFICATE OF DEATH.

REGISTERED No. C 8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Jackson ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice M. Dunivan

(Residence in Baltimore: No. 1820 Jackson St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 19 (Day) 1915 (Year)

7-AGE, 2 yrs. 2 mos. 15 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Meyrtle Dunivan

11-BIRTHPLACE OF FATHER (State or Country), St Louis Mo

12-MAIDEN NAME OF MOTHER Nellie Hall

13-BIRTHPLACE OF MOTHER (State or Country), Mt Airy Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Meyrtle Dunivan

(Address) 1820 Jackson St.

15-

Filed JUL 3 1917, 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 30 1917, to July 2 1917, that I saw her alive on July 2 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

..... Pertussis .....

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Convulsions

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) S. H. Street M. D.

July 3, 1917 (Address) 1316 E. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Greenmount

DATE OF BURIAL, July 3, 1917

20-UNDERTAKER Wm. J. Lahey & Bro.

ADDRESS 318 E. Lexington St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

81 D 6486

D 6486

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St.; (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Violet Hoffman

(Residence in Baltimore: No. Church Home & Inf. St. 78 yrs. 00 mos. 00 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1839 (Year)

7-AGE, 78 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Mr Wills

11-BIRTHPLACE OF FATHER (State or Country), U S.

12-MAIDEN NAME OF MOTHER Miss Shepard

13-BIRTHPLACE OF MOTHER (State or Country), U S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. J. E. Knight

(Address) 1773 Wilkens Ave

15- JUL 3 - 1917 HARRY C. ARNOLD

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1914, to June 30 1917, that I saw her alive on June 30 1917, and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

General arterio-sclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY. (Secondary) Cardiac Asthenia

(Duration) yrs. 3 mos. ds.

(Signed) [illegible] M. D.

June 30 1917 (Address) Church Home Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. 3 mos. 3 ds. In the State Md. yrs. 78 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2 yrs. in Balto. Md.

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, July 3, 1917.

20-UNDERTAKER Joseph B Cook & Co ADDRESS 1003 N Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 6187

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 Greenmount Ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachael Kidd

(Residence in Baltimore: No. 2424 Greenmount Ave St.; 25 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... (Month) Not known (Day) ..... (Year) 1

7-AGE, 90 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000 000

9-BIRTHPLACE, (State or Country), Balto. Co. Md.

PARENTS.

10-NAME OF FATHER. David Kidd

11-BIRTHPLACE OF FATHER (State or Country). Balto. Co. Md

12-MAIDEN NAME OF MOTHER Sarah Armstrong

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Alice Leese

(Address) 2424 Greenmount Ave.

15- HARRY C. ANDREWS

Filed JUL 3 1917 191.....Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2nd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5th 1917, to July 2nd 1917, that I saw h[illegible] alive on July 2nd 1917, and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

..... (Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

..... (Duration) 10 yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

July 3, 1917. (Address) 5 E. Preston.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Lorraine Cemetery — DATE OF BURIAL, July 4, 1917.

20-UNDERTAKER Henry Hosek Son — ADDRESS 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6188 HEALTH DEPARTMENT—CITY OF BALTIMORE D 6188

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PLACE OF DEATH

CITY OF BALTIMORE (No. 1126 Clarkson St. ST.: 23 WARD)

FULL NAME Elmer Felton.(C)

(Residence in Baltimore: No. 1126 Clarkson St. St.: yrs. 5 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male.	Colored	Single.

6-DATE OF BIRTH, January, 29th, 1917. (Month) (Day) / (Year)

7-AGE, ...yrs. 5 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Edward Felton.(C)

11-BIRTHPLACE OF FATHER (State or Country) North Carolina.

12-MAIDEN NAME OF MOTHER Myrtle Imes.(C)

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Myrtle Imes.(C) mother.

(Address) 1126 Clarkson St.

15- JUL 3 - 1917

Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July, 2nd. 1917. (Month) (Day) , 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cholera Infantum.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Kennard (Coroner.) M. D.

July, 3, 1917. (Address) 1917 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn Cemetery — DATE OF BURIAL, July 3, 1917

20-UNDERTAKER John H. Toadvine — ADDRESS 1420 Mic St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 3ks.

D 6189

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6189

CERTIFICATE OF DEATH.

151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 W. Conway, ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME (Given) Dept of Leonard and Anna M. Windsor

(Residence in Baltimore: No. 621 W. Conway St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 3 (Day) 1917 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 20 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Leonard Windsor

11-BIRTHPLACE OF FATHER (State or Country), Hungary

12-MAIDEN NAME OF MOTHER Anna M. Berg

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonard Windsor

(Address) 621 W. Conway St.

15- JUL 3 - 1917 HARRY O. ANDERSON

Filed....., 191.... DEPUTY PUBLIC ..... Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 3 1917, to July 3 1917, that I saw him alive on July 3 1917, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

..... (Duration) hrs. ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Raymond J. Turner M. D.

July 3., 191.7 (Address) Mt. Vernon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, June 3..., 1917

20-UNDERTAKER Jos Joerdens Son ADDRESS 217 S. Paca

17
82
3 5 D 6490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 6490

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 239 N. Bradd ST. || WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Gaylon

(Residence in Baltimore: No. 239 N. Bradd St., 7 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col'd	Widower

6-DATE OF BIRTH, Unknown (Month) ....., 1835 (Year)

7-AGE, 82 Unknown yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Own

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Moses Taylor

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Rebecca Cooley

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daughter

(Address) 239 N. Bradd

15-

Filed JUL 3 - 1917, 191.....

HARRY C. AR...
Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 2 (Day), 191 7 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) H Bowel

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) ..... M. D.

July 2, 191 7 (Address) 619 Mt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Terra Virg[illegible] DATE OF BURIAL, July 4, 1917

20-UNDERTAKER Felix B Pyle ADDRESS 1020 Mulberry St

N.B.—Every item of information should be carefully supplied. AGE should be correctly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

D 6191 HEALTH DEPARTMENT—CITY OF BALTIMORE D 6191

CERTIFICATE OF DEATH.

19 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugenia Satterfield

(Residence in Baltimore: No. 3-308, Fort Ave St. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) 30 (Day) 1874 (Year)

7-AGE, 43 yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic Wife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 637

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Albert S. Hyson

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Lucy Barry

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. J. Hyson

(Address) 1443 Bailey St.

15- Filed JUL 3 - 1917 HARRY O. ANDREW Registrar. 191.....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st Acute Dilatation

Some months (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Dilatation

Sudden (Duration) ... yrs. ... mos. ... ds.

(Signed) W. S. Oakley (Coroner.) M. D.

....., 191.7 (Address) 1657 Fawn Ave

*State the DISEASE CAUSING DEATH, or, in deaths FROM VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 2 mos. ... ds. In the State ... yrs. Life mos. ... ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 5506 Fort Ave.

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, July 4 1917

20-UNDERTAKER E. J. Fanning — ADDRESS 1938 Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 6192 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 64 D 6192

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1107 Harlem Ave E St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Washington True Grant

(Residence in Baltimore: No. 1107 Harlem Ave St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Sept 11th, 1843
(Month) (Day) (Year)

7-AGE, 73 yrs. 9 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER, Washington Gale

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Perry

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Sylvanus M.D.

(Address) 701 Harlem Ave

15- Filed JUL 3 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2nd, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 1916, to July 2nd 1917, that I saw h— alive on July 2nd 1917, and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Progressive Paralysis)
..... (Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
..... (Duration) 2 yrs. ....mos. ....ds.

(Signed) Howard Sylvanus M. D.

July 2nd, 1917. (Address) 701 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, July 5., 1917.

20-UNDERTAKER W M Routson — ADDRESS 230 N Green

Spec.—8-24-14—M. & T.—2000 Bks.

D 6193

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6193

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 S Streeper ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Przybyski

(Residence in Baltimore: No. 619 S Streeper st St.; Life yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct (Month) 16 (Day), 1916 (Year)

7-AGE, ... yrs. 8 mos. 15 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm. Przybyski

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Anastasia Zamenska

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Przybyski

(Address) 619 S Streeper st

15- Filed JUL 3 - 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1st 1917, to July 2nd 1917, that I saw her alive on July 2nd 1917, and that death occurred, on the date stated above, at 1.30 pm.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Intestinal Intoxication

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) John Albert Miller M. D.

7-3-1917 (Address) 2729 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem | DATE OF BURIAL, July 4, 1917

20-UNDERTAKER Stephen J Fialkowski | ADDRESS 1019 S Kenwood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6194

CERTIFICATE OF DEATH.

41 D 6194

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 944 W Baltimore St.; 19 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Okper

(Residence if Baltimore: No. 944 W Baltimore St.; 59 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug (Month) 8 (Day), 1843 (Year).

7-AGE, 73 yrs. 10 mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Saxon Coburg Germany

PARENTS.

10-NAME OF FATHER, — Krause

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Okper

(Address) 944 W. Balto St

15- JUL 3 - 1917 HARRY C. ANDREWS

Filed ..... 191 ..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from May 1 191 7, to July 2 191 7, that I saw h[illegible] alive on July 1 191 7, and that death occurred, on the date stated above, at 1.20 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Transverse Colon, Liver & Stomach

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Operation:

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. G. Smith M. D.

July 3., 1917 (Address) 118 N Calhoun St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL. July 4, 1917

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 6195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 6195

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 E Fayette ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M Fuchta

(Residence in Baltimore: No. 2705 E Fayette St.; 48 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	White	widowed

6-DATE OF BIRTH, Aug (Month) 24 (Day), 1847 (Year)

7-AGE,	If LESS than 1 day.
69 yrs. 10 mos. 8 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Michael Fachta

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna M Deutch

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs John Fachta

(Address) 2705 E Fayette St

15-

Filed JUL 3 1917, 191.....

MARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 24 191 7, to July 2 191 7, that I saw h[er] alive on June 30 191 7, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... NW

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo D Dieudonne M. D.

July 2, 191 7 (Address) 2818 E Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer — DATE OF BURIAL, July 5, 191 7

20-UNDERTAKER Peter Nicolaus — ADDRESS 2046 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6196

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 6196

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Heaver St. ST.: 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Brown

(Residence of Baltimore: No. 20 years 407 Heaver St.: 20 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, C.A.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 31st, 1887 (Month) (Day) (Year)

7-AGE, 29 yrs. 11 mos. 2 ds. If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General Labor
(b) General nature of industry, business, or establishment in which employed (or employer): Odd

9-BIRTHPLACE, (State or Country), Howard Co. Md.

PARENTS.

10-NAME OF FATHER, Chas Brown

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md.

12-MAIDEN NAME OF MOTHER Rosa Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Brother

(Address) 407 E. Baltimore St. Balto

15- JUL 3-1917 HARRY C. ANDREWS

Filed July 2, 1917. Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2nd 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25th 1917, to July 2nd 1917, that I saw him alive on July 2nd 1917, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Phthisis

(Duration) X yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) General Weakness

(Duration) 1 yrs. — mos. — ds.

(Signed) Dr. Gilbert Hartel M. D.

7-2-1917 (Address) 1628 W. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death X yrs. 3 mos. ? ds. In the State 28 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1500 N 20th St Balto City

19-PLACE OF BURIAL OR REMOVAL, Forest Lawn — DATE OF BURIAL, July 4th 1917.

20-UNDERTAKER Frank Holl — ADDRESS 306 East St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6197

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 D 6197

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 S. Paca ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jekle Remuks

(Residence in Baltimore: No. 412 S. Paca St.; yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec. 3 (Month) (Day), 1916 (Year)

7-AGE: ..... yrs. 7 mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none.
(b) General nature of industry, business, or establishment in which employed (or employer): 606

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: John Remuk

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Ursule Eringe

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Remuks

(Address) 412 S. Paca St.

15- JUL 4 - 1917 Filed....., 191..... ROBERT B. [illegible] Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3, 1917, to, July 3 1917, that I saw her alive on July 3 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Acute Gastroenteritis

..... (Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) John Meadowsky M. D.

....., 191..... [Address] 629 Columbia Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 412 Paca St.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Stanislaus	July 4, 1917
20-UNDERTAKER	**ADDRESS**
John Gallinaitis & Co.	412 S. Paca St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6498

CERTIFICATE OF DEATH.

28 D 6198

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3211 Baker ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C Higgins

(Residence in Baltimore: No.) 3211 Baker St.

(If non-resident, give usual place of abode.) (How long in Baltimore? Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year) 1889

7-AGE, 27 yrs. 10 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER. Charles Higgins

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER. Sarah E Daulin

13-BIRTHPLACE OF MOTHER (State or Country) State of Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah E Higgins

(Address) 3211 Baker St

15- Filed JUL 4 - 1917 191. ROBERT R. KRAUTER Registrar.

BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July ..... (Month) 2 ..... (Day) 1917 ..... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 18 1917, to July 2 1917, that I saw h... alive on July 2 1917, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Phillips M. D.

....., 191... (Address) 128 E Hallam St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem — DATE OF BURIAL, July 4, 1917

20-UNDERTAKER True Cook — ADDRESS 562 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bkt.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 6199

CERTIFICATE OF DEATH.

120

REGISTERED NO. C D 6199

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. General Hospital ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Brown

(Residence in Baltimore: No. 1305 Presstman St ST.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown (Month) ....., (Day) ..... 1853 (Year)

7-AGE, 64 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Driver
(b) General nature of industry, business, or establishment in which employed (or employer) Furniture

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. E. Nelson

(Address) 1303 Presstman st

15-

Filed JUL 4 1917 ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1917, to July 1 1917, that I saw him alive on July 1 1917, and that death occurred, on the date stated above, at 9.30 P.m.

The CAUSE OF DEATH* was as follows:

Uremic Intestinal Nephritis

causing Disease Contd

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ....yrs. ....mos. 1 ds.

(Signed) W. Brown M. D.

July 1, 191. (Address) Mt General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1305 Presstman St

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery

DATE OF BURIAL, July 4 1917.

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Presstman st

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6500

CERTIFICATE OF DEATH.

64

D 6500

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Madison ST. 14 WARD)

2-FULL NAME Louisa Catherine Braun

(Residence in Baltimore: No. 2004 Madison St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, May (Month) 30. (Day), 1841 (Year)

7-AGE, 76 yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer) at home

000

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Philip Braun

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna M. Richard

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Fredk Krause

(Address) 2004 Madison ave

15-

Filed JUL 4 1917 By: ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 29- 1916, to July 3- 1917, that I saw h[illegible] alive on July 2- 1917, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration).....yrs.....mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(Duration) 4 yrs. 1 mos.....ds.

(Signed) J. Brandt Bruce M. D.

July 3- 1917 (Address) 2012 Maryland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Most Holy Redeemer — DATE OF BURIAL, July 5th, 1917

20-UNDERTAKER T. A. Krause — ADDRESS 703 Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Charles F. Varner

D 6501

CERTIFICATE OF DEATH

D 6501

104

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1634 St. Paul St.; 19 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Charles Francis Varner

(Residence in Baltimore: No. 1634 St. Paul St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White.

5. SINGLE, ~~MARRIED~~ WIDOWED OR DIVORCED (*Write the word*): Single

6. DATE OF BIRTH: April 24th, 1917 (Month) (Day) (Year)

7. AGE: .....yrs. 2 mos. 9 ds. If LESS than 1 day, ...hrs. or .....min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9. BIRTHPLACE (State or country): Balto Md

PARENTS

10. NAME OF FATHER: Chas F Varner

11. BIRTHPLACE OF FATHER (State or country): Penna

12. MAIDEN NAME OF MOTHER: Minnie Mae Auhe

13. BIRTHPLACE OF MOTHER (State or country): Ohio

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas F. Varner

(Address) 1634 W Balto St

15. JUL 4 - 1917

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July 3rd, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 23rd, 1917, to July 3rd, 1917, that I saw h..... alive on July 3rd, 1917, and that death occurred, on the date stated above, at 5 P.M.
The CAUSE OF DEATH* was as follows:

Entritis

Contributory (SECONDARY): Uremic Convulsions (Duration) .....yrs. .....mos. 1 ds

(Signed) H. S. Ridler M. D. (Duration) .....yrs. .....mos. 2 ds.

July 4, 1917 (Address) 833 S Ct Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: July 4th 1917

20. UNDERTAKER: Eastern Co-Op — ADDRESS: 1733 W Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6502

19 D 6502

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3908 Katherine ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Spencer

(Residence if in Baltimore: No. 3908 Katherine St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, January 17, 1842
(Month) (Day) (Year)

7-AGE, 75 yrs. 5 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Frederick

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Cuddy

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Spencer

(Address) 3908 Katherine

15- Filed JUL 4 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1917, to July 2 1917, that I saw h.. alive on July 2 1917 and that death occurred, on the date stated above, at 3 30 m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) 4 yrs. ....mos. ....ds.

(Signed) Robt J. Hargett M. D.

July 3, 1917. (Address) 104 E. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Funeral Chas. Hartford

DATE OF BURIAL, July 5, 191.7

20-UNDERTAKER W. P. Frederick & Son

ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6503

CERTIFICATE OF DEATH.

151 D 6503

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 S. Wolfe ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon. Piotrowski

(Residence in Baltimore: No. 914 S. Wolfe St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 16 (Day), 1917 (Year)

7-AGE, ...yrs. 20 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None 000
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Boleslaw Piotrowski

11-BIRTHPLACE OF FATHER (State or Country), Russ. Poland

12-MAIDEN NAME OF MOTHER Kazera Grzanowska

13-BIRTHPLACE OF MOTHER (State or Country) Russ Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bol. Piotrowski

(Address) 914 S. Wolfe St.

15-Filed JUL 4 - 1917 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 3 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 28 1917, to July 3 1917, that I saw h[illegible] alive on July 3 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bilat

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) William J. Rysanek M. D.

July 3, 1917 (Address) 914 Wolfe St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rood. DATE OF BURIAL, July 5, 1917

20-UNDERTAKER W. P. Faulkner ADDRESS 1611 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

KODAK

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6504

CERTIFICATE OF DEATH.

113 D 6504

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 S. Bond ST.; 2 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Dzubek

(Residence in Baltimore: No. 815 S. Bond St. St.; 30 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Dec (Month) 23 (Day) 1869 (Year)

7-AGE, 47 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Germany Poland.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Dzubek Husband

(Address) 815 S. Bond St.

15- JUL 4 1917 191.... ROBERT R. KRA[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 26 1917, to July 3 1917, that I saw her alive on July 2 1917, and that death occurred, on the date stated above, at 4P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver

(Duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) John A. Kehberger M. D.

July 3, 1917. (Address) 1709 Aliceanna St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Stanislaus.	July 6, 1917.
20-UNDERTAKER M. F. Sadowski.	ADDRESS 705 S. Ann St.

Spec.—8-24-14—M. & T.—2000 Bks.

Charles Sunderland

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6505

92

D 6505

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Charles Sunderland

(Residence in Baltimore: No. 807 N. Chapel St. St.; 47 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Jan. 6 (Month) (Day), 1869 (Year)

7-AGE 47 yrs. 5 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Huckster
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps

(Address) Johns Hopkins Hosp.

15- JUL 4 1917 ROBERT B. KRAUER Filed 191. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1917, to July 3 1917, that I saw h.. alive on July 3 1917, and that death occurred, on the date stated above, at 116 m.

The CAUSE OF DEATH* was as follows:

Meningitis (Pneumococcus)

(Duration) 0 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) 0 yrs. 0 mos. 7 ds.

(Signed) Wm. C. Bloomfield M. D.

July 3, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. 1 mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 807 N. Chapel St

19-PLACE OF BURIAL OR REMOVAL Mt. Evergreen | DATE OF BURIAL, July 5, 1917

20-UNDERTAKER Capt Johnson ADDRESS N X 42 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6506

Margaret Crumbish

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 6506

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. 16 Franklin Square ST.) (WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Crumbish

(Residence if Baltimore: No. 1538 W Lanvale St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single
6-DATE OF BIRTH November 2, 1909 (Month) (Day) (Year)
7-AGE 7 yrs. 7 mos. ds.
If LESS than 1 day, hrs. or min.
8-OCCUPATION:
(a) Trade, profession, or particular kind of work School girl
(b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE, (State or Country) Harford Co. Md.

PARENTS.
10-NAME OF FATHER J. F. Crumbish
11-BIRTHPLACE OF FATHER (State or Country) Harford Co. Md.
12-MAIDEN NAME OF MOTHER Rhoda B. Archer
13-BIRTHPLACE OF MOTHER (State or Country) Harford Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Walter Boone
(Address) 1538 W Lanvale
15-
Filed JUL 4 - 1917, 191
ROBERT R. KRAUTER Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1917 (Month) (Day) (Year)
17- I HEREBY CERTIFY, That I attended deceased from June 28 1917, to July 2 1917, that I saw h[illegible] alive on July 2 1917, and that death occurred, on the date stated above, at 1.10 P m.
The CAUSE OF DEATH* was as follows:
Pneumonia
Lobar
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Empyema
(Duration) yrs. mos. ds.
(Signed) [illegible] M. D.
(Address) Franklin Square Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Friends Cemetery (Harford Co.) Md. DATE OF BURIAL, July 5, 1917.
20-UNDERTAKER Harry H. Witzke
ADDRESS 1321 W. Lanvale

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

D 6507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 6507

X 37 REGISTERED No. C.....

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. North Broadway St.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Franklin Swope

(Residence in Baltimore: No. Johnsonburg Pa St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: [illegible] 1 (Month) (Day) (Year)

7-AGE: 47 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs., or ....min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Unknown
(b) General nature of industry, business, or establishment in which employed (or employer): 087

9-BIRTHPLACE (State or country): Unknown

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Swope

(Address) Lock Haven Penn

15- Filed JUL 4 1917 191 ROBERT R. KRAUTH Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1917, to, July 4, 1917, that I saw h[illegible] alive on July 3, 1917, and that death occurred, on the date stated above, at 10 30 A.m.

The CAUSE OF DEATH* was as follows:

Exhaustion and Cachexia

Cystitis and Decubitus ulcers

Broncho pneumonia

(Duration) yrs. 2 mos. ....ds.

Contributory (SECONDARY) Renal paralysis of the Ureters

(Duration) 1 yrs. ....mos. ....ds.

(Signed), Augustus Bastt M. D.

July 4 1917 [Address] Hopkins Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ....yrs. 4 mos. 27 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Johnsonburg Pa.

19-PLACE OF BURIAL OR REMOVAL: Lock Haven Penna DATE OF BURIAL: July 4 1917

20-UNDERTAKER: A. E. Fuller ADDRESS: 224 N. Broadway

N. B.—[illegible] state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6508

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

81 D 6508

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 136 N. Linwood Ave. St.; 6 WARD)

2-FULL NAME Herman W. Kriete
(Residence in Baltimore: No. 136 N. Linwood Ave. St.; 74 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH, Dec. (Month) 2 (Day), 1838 (Year)

7-AGE, 78 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 084

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Henry Kriete

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Christina Remming

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Nora Kriete
(Address) 136 N. Linwood Ave.

15-
Filed JUL 4 1917 191..
ROBERT R. KRAUTER
BURIAL PERMIT ISSUED

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to July 2 1917,
that I saw h alive on July 1 1917,
and that death occurred, on the date stated above, at 1140 m.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. ds.
(Signed) Geo Blades M. D.
7/3/17, 191... (Address) 1423 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Cemetery — DATE OF BURIAL, July 5, 1917

20-UNDERTAKER Wm. C. Black — ADDRESS 927 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6509

CERTIFICATE OF DEATH.

40 D 6509

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 W. Mosher ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Reiter

(Residence in Baltimore: No. 1825 W. Mosher St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Feb. (Month) 17 (Day), 1854 (Year)

7-AGE, 63 yrs. 4 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Stockfitter

9-BIRTHPLACE, (State or Country). Balto. City

PARENTS.

10-NAME OF FATHER, Henry Reiter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie L. Reiter

(Address)

15- Filed JUL 4 1917 191... ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3d (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1916, to July 3 1917, that I saw h[illegible] alive on July 3d 1917 and that death occurred, on the date stated above, at 5.40a m.

The CAUSE OF DEATH* was as follows:

Gastric Cancer

(Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) Alex S Bagl M. D.

7/4/17., 191... (Address) 709 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	July 5, 1917
20-UNDERTAKER	**ADDRESS**
Wm. C. Blask,	987 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Read carefully all of Section IV of this certificate. Answer all questions as fully as possible. Every item is important. See instructions on back of certificate.

Spec. 9-19-13—M. & T.—500 Bks.

D 6510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 6510

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 N. Wolfe ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Parks

(Residence in Baltimore: No. 129 N. Wolfe St.; ....yrs.... mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 10 (Day) 1847 (Year)

7-AGE, 70 yrs. 2 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer). D37

9-BIRTHPLACE, (State or Country), Cincinnatti Ohio

PARENTS.

10-NAME OF FATHER, Christ Trager

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Reinig (Son)

(Address) 227 N. Washington Ave

15- JUL 4 - 1917

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 3 1917, that I saw h.. alive on July 2 1917, and that death occurred, on the date stated above, at 11:15 A m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(Clinical) (Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Anaemia - Exhaustion

(Duration) ....yrs. 3 mos. ....ds.

(Signed) Leo L. Phillips M. D.

July 4, 1917. (Address) 1 W. Mt. Vernon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, July ....., 1917

UNDERTAKER A. E. Hughes

ADDRESS 17 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 D 6511

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Eager St ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Lipsitz

(Residence in Baltimore: No. 727 Edmondson St

St.; 1 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 2 (Day), 1917 (Year)

7-AGE, ...yrs....mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Michael Lipsitz

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Fannie Latinsky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Lipsitz

(Address) 1941 E Balto St

15-

Filed JUL 5 - 1917, 191.... ROBERT R. FRANCIS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1917, to July 4 1917, that I saw h.. alive on July 4 1917, and that death occurred, on the date stated above, at 2.00 p.m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Premature Birth

(Duration) ....yrs. ....mos. ....ds.

(Signed) John A Veit M. D.

July 4 191.. (Address) 1365 Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rit Carmel | DATE OF BURIAL, July 5, 191..

20-UNDERTAKER Jack Lewis | ADDRESS 1403 Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17
5 Es
5-9

Charles McLaine

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6512

92 D 6512

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 830 Tessier ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles McLaine

(Residence in Baltimore: No. 830 Tessier St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... September (Month) ..... (Day) 1857 (Year)

7-AGE, 59 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Floor
(b) General nature of industry, business, or establishment in which employed (or employer) Maker.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William McLaine

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise McClain

(Address) 830 Tessier St

15- Filed JUL 5 - 1917 191... ROBERT B. KRAGUEN Registrar

Burial Permit [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) ..... 2 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cold

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. McKenna M. D.

July 5, 1917 (Address) 1918 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds. Here

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, July 5, 1917

20-UNDERTAKER Samuel Newsley ADDRESS 5 E. Lexington

N.B.—Every item of information should be carefully supplied. AGE should be correctly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 6513

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Young

(Residence in Baltimore: No. 322 E. Fadem St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1874 (Year)

7-AGE, 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): ~~Baltimore~~ Baltimore, Md.

PARENTS.

10-NAME OF FATHER, A. Young

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Rebecca Young

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Young

(Address) 322 E. Fadem

15- FILED JUL 5 - 1917, 191.. ROBERT R. KRAUTER, Registrar. Burial Permit Obtained

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valv. dis. heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. ds.

(Signed) A. J. Kelly M. D.
Coroner

July 4, 1917. (Address) 1639 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, July 6, 1917

20-UNDERTAKER Mrs. Kate A. Elliott

ADDRESS 506 East St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-9 ✓ D 6514

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 St Paul ST.; 11 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie L. Mitchell

(Residence in Baltimore: No. 902 St Paul St.; 70 yrs., ~ mos., ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE, about. 80 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Lucie Lannan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Herald

(Address) 902 St Paul St

15. Filed JUL 5 - 1917, 191... ROBERT B. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1917, to July 3 1917, that I saw h~ alive on July 3 1917, and that death occurred, on the date stated above, at 2 Pm.

The CAUSE OF DEATH* was as follows:

Neoplasm
Adenocarcinoma

..... (Duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia - Asthenia

..... (Duration) ..... yrs. ..... mos. ~ ds.

(Signed) E. V. Cookman M. D.

7/4/17, 191... (Address) 24 N Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or ~~usual~~ residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, July 6, 191...

20-UNDERTAKER Mrs. A. Rohde & Son ADDRESS 730 Pa Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6515

CERTIFICATE OF DEATH.

64 D 6515

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 N Amity St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D Arsing

(Residence, if Baltimore: No. 223 N Amity St.; 64 yrs. 5 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male | 4-COLOR OR RACE: W Ca | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Feb 2, 1853 (Month) (Day) (Year)

7-AGE: 64 yrs. 5 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Herman Arsing

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Arsing

(Address) 223 N Amity St

15- Filed JUL 5 - 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1917, to July 4 1917, that I saw h alive on July 3 1917, and that death occurred, on the date stated above, at 3 PM.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 3 yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) 2 yrs. mos. ds.

(Signed) J Monroe M. D.

July 5, 1917, (Address) 1139 N Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, July 6, 1917.

20-UNDERTAKER George J Smith — ADDRESS 1000 N Fayette St

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6516

CERTIFICATE OF DEATH.

104 D 6516

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1740 Norwood Ave St.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick G. Stahler

(Residence in Baltimore: No. 1740 Norwood Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	S

6-DATE OF BIRTH, ... Mar (Month) 25 (Day), 1916 (Year)

7-AGE, 1 yrs. 3 mos. 8 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Frederick H. Stahler

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Barbara Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred H. Stahler

(Address) 1740 Norwood Ave

15-

Filed JUL 5 1917 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 1 1917, to July 3 1917, that I saw him alive on July 3 1917 and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Meningitis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

July 4, 1917. (Address) 311 N. Pat Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, July 6, 1917

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Make statement of OCCUPATION as well as important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6517

CERTIFICATE OF DEATH.

D 6517

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Home for Incurable ST.; 12 WARD) REGISTERED NO. C 64

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydia Dixon

(Residence in Baltimore: No. Home for Incurable St.; 67 yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ? (Month) ? (Day) about 1850 (Year)

7-AGE, 67 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Bacon

(Address) 1 or E 20th St

15-

Filed JUL 5 1917 ROBERT R. KRAUTER for Burial Permit

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23 1917, to July 4 1917, that I saw her alive on July 4 1917, and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Walter E Bacon M. D.

July 5., 1917. (Address) 1 or E 20th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death 10 yrs. 10 mos. 26 ds. In the State Unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? Home for Incurable

Former or usual residence Home for Incurable

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, July 6., 1917

20-UNDERTAKER H E Hughes

ADDRESS 17 S Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is especially important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6518 + 92 D 6518

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH Ind. Gen. Hosp

CITY OF BALTIMORE: (No. Lindem Ave & Madison ST. 11 WARD)

2-FULL NAME Frank Drowes Sr

(Residence in Baltimore: No. Mt. Washington ST.; ....yrs....mos....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Widr

6-DATE OF BIRTH, Aug (Month) 22 (Day), 1911 (Year)

7-AGE, 5 yrs. 10 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ind.

PARENTS.

10-NAME OF FATHER, Wm M. Drowes

11-BIRTHPLACE OF FATHER (State or Country), Balto - md.

12-MAIDEN NAME OF MOTHER Martha Drowes

13-BIRTHPLACE OF MOTHER (State or Country), Howard co - md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William M. Dowes

(Address) Maple Ave, Mt Washington Md

15-

Filed....., 191.... ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23 1917, to July 4th 1917, that I saw him alive on July 4th 1917, and that death occurred, on the date stated above, at 9.25 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Lung abscess

(Duration) yrs. 1 mos. 7 ds.

(Signed) B. H. Young M. D.

July 4th, 191.7. (Address) Ind. Gen'l Hosp.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 11 ds. In the State 5 yrs. 10 mos. 12 ds.

Where was disease contracted, if not at place of death? Mt. Washington Md

Former or usual residence Ind. Washington or Md

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, July 6, 1917

20-UNDERTAKER Henry W. Meyer & Son — ADDRESS 705 N. Gabriel St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6519

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6519

CERTIFICATE OF DEATH.

105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2745 Harlem Ave ST.; (WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Cantrell

(Residence in Baltimore: No. 2745 Harlem Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
70 yrs. ....mos. ....ds.	....hrs. or ....mtn.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Farmer

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Cantwell

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant)..... Mary Cantwell
(Address)..... 2745 Harlem

15-
Filed JUL 5 1917 191 ROBERT R. KRAUTER
Registrar.
Burial Permit 31[illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 30 191 7, to July 4 191 7,
that I saw h[illegible] alive on July 4 191 7,
and that death occurred, on the date stated above, at 11.30 m.
The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) ....yrs. ....mos. ....ds.

(Signed) John V. Ireland M. D.

July 5, 191 7 (Address) 1003 Fallsway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, [illegible] DATE OF BURIAL, July 6, 1917

20-UNDERTAKER J. J. Crean ADDRESS 601 Hollins W

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

D 6520

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 V

D 6520

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 116 N. Durham St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Paul Seibert

(Residence in Baltimore: No. 116 N. Durham St.; 1 yrs. mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 25 (Day), 1916 (Year)

7-AGE: 1 yrs. mos. 13 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): City

PARENTS

10-NAME OF FATHER: John F. Seibert

11-BIRTHPLACE OF FATHER (State or country): City

12-MAIDEN NAME OF MOTHER: Irene Battee

13-BIRTHPLACE OF MOTHER (State or country): City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Seibert

(Address) 116 N. Durham St.

15-

Filed JUL 5 - 1917 (19) ROBERT R. KRAUSE Burial Permit (Clerk)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2, 1917, to July 4 1917, that I saw h... alive on July 4 1917, and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ... yrs. ... mos. 2 ds.

Contributory (SECONDARY) Exhaustion

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Geo Wood M. D.

July 5 1917 [Address] 1432 E. Biddle

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: July 6, 1917

20-UNDERTAKER: John J. Coveney — ADDRESS: 601 Hollins St.

...ay be properly classified. Exact statement of OCCUPA-
...rtificate.
state CAUSE OF DEATH in plain terms, so that it may be
TION is very important. See instructions on back of certifica

D 6521

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

D 6521

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1246 Williams ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Catherine Roberts

(Residence in Baltimore: No. 1246 Williams St.; 58 yrs. 3 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
female	white	Married

6-DATE OF BIRTH March (Month) 21 (Day), 1859 (Year)

7-AGE 58 yrs. 3 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: John Hro.

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary E. Miller.

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. George Roberts

(Address) 1246 Williams St.

15- Filed JUL 5 1917 ROBERT B. KRAUTER (Date) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July (Month) 3rd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23, 1917, to July 3rd 1917, that I saw her alive on July 2nd 1917, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis.

..... (Duration) ..... yrs. ..... mos. 7 ds.

Contributory (SECONDARY) Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) J. P. Buxton M. D.

July 3rd 1917 [Address] 301 E. Cross St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Loudon Park DATE OF BURIAL July 5 1917

20-UNDERTAKER J. W. Whey & Bro ADDRESS 13 N. Eighth

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6522

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital ST. 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary B. Kennedy

(Residence in Baltimore: No. Womans Hospital St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	single

6-DATE OF BIRTH, July (Month) 4 (Day), 1917 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 3 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Womans Hospital

PARENTS.

10-NAME OF FATHER, Edward J Kennedy.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Della Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. J. Kennedy

(Address) 4131 Greenmount

15- 1161 - G [illegible] ROBERT E. [illegible]

Filed ..... 191... Burial Permit Clerk

Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to ....191....,
that I saw h.... alive on ....191....,
and that death occurred, on the date stated above, at 7.45 a m.
The CAUSE OF DEATH* was as follows:

Status epilepticus

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Louis Rigby M. D.

July 4, 1917. (Address) Womans Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, July 6, 1917.

20-UNDERTAKER C. A. Wiedefeld & Bro — ADDRESS

D 6523

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6523

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 815 Unity Ave ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Batson

(Residence in Baltimore: No. 815 Unity Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Mar

6-DATE OF BIRTH, ... May 28 ....., 1917
(Month) (Day) (Year)

7-AGE, ... yrs. 1 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, John Batson

11-BIRTHPLACE OF FATHER (State or Country), Balt

12-MAIDEN NAME OF MOTHER Pearl Benson

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Batson

(Address) 815 Unity Ave

15- ROBERT E. LEE

Filed ..... 1917 Burial Permit Ol[illegible]

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 4 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)
....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, July 5 1917

20-UNDERTAKER Charles B. Jones — ADDRESS 230 Pine St

N. B.—Every item of information should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6524

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6524

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Tobell

(Residence in Baltimore: No. Mercy Hospital St.: — yrs., — mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 23, 1884
(Month) (Day) (Year)

7-AGE, 32 yrs. 7 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Tobell

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lous Sheenlan

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Tobell

(Address) Rossville Md

15-

Filed JUL 5 - 1917, 191.... HARRY C. ANDREWS Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1917, to July 3 1917, that I saw h[im] alive on July 3 1917, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Tumour

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Stomach ulcer

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward D Smith M. D.

July 7, 1917. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Rossville Md.

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Lutheran Cemetery

DATE OF BURIAL, July 6th, 191.7.

20-UNDERTAKER Herman Kerr Frederick Lassahn & Sons

ADDRESS Fullerton Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 ✓ D 6525

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 2113 Boyd St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Stanislaus Koslowski

(Residence in Baltimore: No. 2113 Boyd St.

St.; yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 3 (Day), 1876 (Year)

7-AGE, 41 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Butcher
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Ferdinand Koslowski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Klause

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ferdinand Koslowski

(Address) 2113 Boyd St

15- JUL 5 - 1917

Filed....., 191.... HARRY C. ANDREWS Clerk

Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) H. C. Smith (Coroner) M. D.

7/5, 191.7 (Address) 910 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park. DATE OF BURIAL, July 6., 1917

20-UNDERTAKER Geo. L. Schwab & Bro. ADDRESS 210 Frederick Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 6526

REGISTERED No. C .....

PLACE OF DEATH

CITY OF BALTIMORE (No. 2137 Division ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fabius Johnson

(Residence in Baltimore: No. 2137 Division St., Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) Autumn, (Day) ..... 1857 (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wife

(Address) 2137 Division St

15- Filed JUL 5 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral regurgitation dyspnoea Arterial sclerosis Chronic

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) ..... M. D.

July 5, 1917 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn — DATE OF BURIAL, July 6 1917

20-UNDERTAKER James H Dennis — ADDRESS 1303 Pressman

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 ✓ D 6527

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 20 WARD)
REGISTERED NO. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred Lambert
(Residence if Baltimore: No. 2529 Ardmore St
St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married
6-DATE OF BIRTH, January 25, 1888 (Month) (Day) (Year)
7-AGE, 28 yrs. 11 mos. 8 ds. If LESS than 1 day, hrs. or min.
8-OCCUPATION: (a) Trade, profession, or particular kind of work Butcher (b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE, (State or Country), Germany

PARENTS.
10-NAME OF FATHER, Carl Lambert
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER Emilie Bussmann
13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant)
(Address) Johns Hopkins Hospital

15-
Filed JUL 5 - 1917, 191
HARRY C. ANDREWS
Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 191 , to January 3 191 ,
that I saw h alive on January 3 191 ,
and that death occurred, on the date stated above, at 7.45 m.
The CAUSE OF DEATH* was as follows:
Cardiac Disease
(Duration) yrs. 1 mos. 3 ds.
CONTRIBUTORY (Secondary) Myocardial Insufficiency
(Duration) yrs. mos. 4 ds.
(Signed) Alan Continton M. D.
Jan 4, 191 7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. 20 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 2529 Ardmore St

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Jan 6, 1917
20-UNDERTAKER Charles H. Hill. ADDRESS 308 Frederick Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6528 ✓ 120 D 6528

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 N. Streeper ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helena Thoma

(Residence in Baltimore: No. 141 N. Streeper St.; 66 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Nov (Day) Envr, 1 (Year)

7-AGE, 66 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Henry Thoma

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Wilhelmine Steves

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. William Thoma

(Address) 141 N. Streeper

15-

Filed JUL 5 - 1917, 191.....

HARRY O. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 1917, to July 4 1917, that I saw her alive on July 4 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)

..... (Duration) ..... yrs. 2 mos. 15 ds.

CONTRIBUTORY (Secondary) Stomach Disturbance

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) L. A. Bitter M. D.

July 5, 1917. (Address) 100 S. Patterson Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery — DATE OF BURIAL, July 6., 1917

20-UNDERTAKER J. Herwig & Co — ADDRESS 2005 Aisquith

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6529 — 151 — D 6529

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2428 Stockton St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of James Brusco & Mabel McVargo

(Residence in Baltimore: No. 2428 Stockton St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, July (Month) 4 (Day), 1917 (Year)

7-AGE, 7 months Intrauterine ....yrs....mos....ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, James Brusco

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mabel McVargo

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mabel McVargo

(Address) 2428 Stockton St

15- Filed JUL 5 - 1917, 191.... HARRY C. ANDREAE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 4 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 4 1917, to July 4 1917, that I saw her alive on July 4 1917, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Premature birth Caused by Typhoid Fever

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) E. Williams M. D.

July 5, 1917. (Address) 1921 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. UNIVERSITY OF MARYLAND | DATE OF BURIAL, JUL 6 1917

20-UNDERTAKER | ADDRESS

Commissioner Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6530

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 6530

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 S. Chester ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph J. Sadowski.

(Residence in Baltimore: No. 324 S. Chester St.; 46 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January 6th, 1865. (Month) (Day) (Year)

7-AGE: 52 yrs. 5 mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Oil Wagon driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): German Poland.

PARENTS

10-NAME OF FATHER: Peter Sadowski.

11-BIRTHPLACE OF FATHER (State or country): German Poland.

12-MAIDEN NAME OF MOTHER: Katharine Pluskowski

13-BIRTHPLACE OF MOTHER (State or country): German Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bridie Sadowski

(Address) 324 S. Chester St.

15- Filed JUL 5 - 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 4 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 -, 1917, to, July 4 1917, that I saw h... alive on July 2 - 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis.

(Duration) yrs. 6 mos. ..... ds.

Contributory (SECONDARY) Cirrhosis

(Duration) yrs. ..... mos. 1 ds.

(Signed) F. C. Stades M. D.

July 7 1917 [Address] 1430 N. Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Stanislaus. DATE OF BURIAL: July 7th 1917

20-UNDERTAKER: M. F. Sadowski ADDRESS: 905 S. Ann St.

N. B.—Every item of information should be carefully supplied. Any state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169

D 6531

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 900 Jos. Falls way ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Cunningham

(Residence in Baltimore: No. 639 W. Fayette St.; yrs., 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	White	Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone mason
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Indiana

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. Underwood

(Address) 1916 E. Eutaw St.

15- Filed JUL 5 - 1917, 191.... HARRY C. ANDREWS Registrar. Burial Permit 0[illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found dead July (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned.
Taken accidentally

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

July 4, 1917. (Address) 1637 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	July 6 1917

20-UNDERTAKER	ADDRESS
Christian Miller	2358 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be correctly stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6532

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 E. Federal ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert McGregor

(Residence in Baltimore: No. 1222 E. Federal St.; 50 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, August 12, 1843 (Month) (Day) (Year)

7-AGE 73 yrs. 10 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Retired
(b) General nature of industry, business, or establishment in which employed (or employer) ... Horseshoer

9-BIRTHPLACE, (State or Country) County Derry Ireland

PARENTS.

10-NAME OF FATHER, James McGregor

11-BIRTHPLACE OF FATHER (State or Country). County Derry Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles McGregor Son

(Address) 1014 N. Caroline St.

15-JUL 5 - 1917

Filed ....., 191... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1916, to July 4, 1917, that I saw h... alive on July 3, 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

Duration about 6 or 8 years

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(Duration) 1 Year 6 mos.

(Signed) Chas. Hartman M. D.

July 5th, 1917 (Address) 1121 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, July 6, 1917

20-UNDERTAKER Christian Miller — ADDRESS 2389 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6533

CERTIFICATE OF DEATH.

151 D 6533

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 E Lee St. 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward N. Markwood

(Residence in Baltimore: No. 507 E Lee St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 5, 1917 (Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, 12 hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Edward N Markwood

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw N Markwood

(Address) 507 E Lee St

15- Filed JUL 5 - 1917, 191.... HARRY [illegible] NORRIS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 5, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 191.., to July 5 191.., that I saw h.. alive on July 5 191.. and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bilat
Empyema Bilat

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) R. L. Caudill M. D.

July 5, 191.. (Address) 16 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, CEDAR HILL. DATE OF BURIAL, JUL 6 - 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6534

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

92 D 6534

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 W Hennett ST. 22 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella L. Jones

(Residence in Baltimore: No. 212 W. Hennett. St.; ....yrs....mos....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 11 (Day), 1916 (Year)

7-AGE, 1 yrs. 1 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Clarence Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Edna Bond

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna Jones (mother)

(Address) 212 W. Henrietta St

15-

Filed JUL 6 1917, 191.... ROBERT R. [redacted]

Burial Permit [redacted]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jun 27 1917, to July 3 1917, that I saw her alive on July 3 1917, and that death occurred, on the date atated above, at 11½ m.

The CAUSE OF DEATH* was as follows: Pellagra

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) G. I. Stenosis

(Duration) ....yrs. ....mos. 6 ds.

(Signed) D. N. Hirsh M. D.

July 6 1917 (Address) 712 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Ct DATE OF BURIAL, July 6, 1917

20-UNDERTAKER H. R. Broumel & Son ADDRESS 108 N. Monty

Spec.—8-24-14—M. & T.—2000 Bks.

D 6535

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6535

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 870 Rabory. ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Sylvester Diggs

Residence in Baltimore: No. 870 Rabory St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 29, 1874 (Month) (Day) (Year)

7-AGE, 43 yrs. 1 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Scow-man
(b) General nature of industry, business, or establishment in which employed (or employer)..... Towing Company

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Henry W Diggs

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary C. Martin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary F. Diggs

(Address)..... 870 Rabory St.

15- Filed JUL 6 - 1917 191.... ROBERT R. KRA...

Burial Permit R...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1916, to July 4 1917, that I saw him alive on July 1st 1917, and that death occurred, on the date stated above, at 10.45 a. m.

The CAUSE OF DEATH* was as follows:

Dilatation of heart

(Duration) — yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous nephritis (Duration) 1 yrs. 2 mos. — ds.

(Signed) Chester Riland M. D.

7-4..., 1917. (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, July 6 1917.

20-UNDERTAKER John A Snodgrass ADDRESS 142 W Lee

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6536

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Rowles

(Residence in Baltimore: No. Mercy Hosp. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 2, 1890
(Month) (Day) (Year)

7-AGE, 26 yrs. 9 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Black

11-BIRTHPLACE OF FATHER (State or Country), Georgia

12-MAIDEN NAME OF MOTHER Jennie Grey

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Rowles

(Address) 821 Franklin St

15- Filed JUL 6 1917, 191.. ROBERT R. KRAUS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27 1917, to July 3 1917, that I saw him alive on July 3 1917, and that death occurred, on the date stated above, at 7.20 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward T. Smith M. D.

July 3, 1917. (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Pneumonia

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State yrs. 11 mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 821 Franklin St

19-PLACE OF BURIAL OR REMOVAL, Laurel Grove Savannah Georgia

DATE OF BURIAL, July 6, 191.7

20-UNDERTAKER Joseph A Farrell

ADDRESS 2319 Division

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 D 6537

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Disp' ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina Stoyanoven

(Residence in Baltimore: No. Mercy Disp St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Dec. (Month) 7 (Day) 1885 (Year)

7-AGE, 31 yrs. 6 mos. 27 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frederick Laabes

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Bomf.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christina Stoyanoven

(Address) 1503 Glenwood Ave

15- Filed JUL 6 - 1917 ROBERT R. KRAUTER Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 29 1917, to July 4 1917, that I saw her alive on July 4 1917, and that death occurred, on the date stated above, at 7.20 a.m.

The CAUSE OF DEATH* was as follows:

Pertonitis

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Venereal infection

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward B. Smith M. D.

July 4, 1917. (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1503 Glenwood Ave

19-PLACE OF BURIAL, OR REMOVAL, Druid Ridge DATE OF BURIAL, July 6, 1917

20-UNDERTAKER A S Marchell ADDRESS 3539 Falls Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6538

CERTIFICATE OF DEATH.

40 D 6538

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 Wellington Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charolette C. Wantz

(Residence in Baltimore: No. 832 Wellington Ave. St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May (Month) 22 (Day) 1842 (Year)

7-AGE. 75 yrs. 1 mos. 14 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Geo. Rineaman

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Martha Strickland

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. S.R. Wantz

(Address) Hill Top Mt. Washington

15- Filed JUL 6 1917 191.. ROBERT R. KRAUTZ Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6th (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1917, to July 6 1917, that I saw her alive on July 5 1917, and that death occurred, on the date stated above, at 12 20 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Duration (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) — Unknown

(Duration) yrs. mos. ds.

(Signed) S.R. Wantz M. D.

July 6, 1917 (Address) 846 W 7th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Marys Hampden

DATE OF BURIAL, July 8 1917

20-UNDERTAKER A.S. Marshall

ADDRESS 3539 Falls Road

CAUSE OF DEATH in plain terms, so that it may be properly classified. (Act statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

D 6539

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Druid ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalie Young.

(Residence in Baltimore: No. 2109 Druid St- St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, May (Month) 3 (Day), 1917 (Year)

7-AGE, ...yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Robert M Young.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Baldwin

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt M Young

(Address) 2109 Druid

15-

Filed JUL 6 1917 191.... ROBERT B. KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1917, to July 5 1917, that I saw h— alive on July 4 1917, and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* was as follows:

Congenital

Hydrocephalus

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ....yrs. ....mos. 10 ds.

(Signed) E V Coolahan M. D.

7/5/17, 191... (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, 7/6/17, 191...

20-UNDERTAKER Troyer & Jirky — ADDRESS Fulton & Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6540 — 45 — D 6540

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 857 N. Howard St.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Scher

(Residence in Baltimore: No. 857 N. Howard St St.; 32 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1861 (Year)

7-AGE, 56 yrs. mos. ds. — If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia Poland

PARENTS.

10-NAME OF FATHER, Silas Silverberg

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore St

15-

Filed ....., 191.....

JUL 6 1917

ROBERT R. REBUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to July 4 1917, that I saw h[illegible] alive on July 3 1917, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Burial Ceremonies

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry Moses Smith M. D.

July 5, 1917. (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Friendship	July 6, 1917

20-UNDERTAKER	ADDRESS
Jack Lewis	1411 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6545

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St.; 5 Ward) REGISTERED NO. C 137

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Scher

(Residence in Baltimore: No. 1118 E. Fayette St.; 10 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Unknown (Month) ....., 1893 (Day) (Year)

7-AGE, 24 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Jack Sears

(Address) ..... 1411 E. Baltimore St.

15- JUL 6 1917 Filed ....., 191.... ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 6, 1917 (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I attended deceased from May 3, 1917 to July 6, 1917, that I saw her alive on July 5, 1917, and that death occurred, on the date stated above, at 5:30A m.

The CAUSE OF DEATH* was as follows:

..... Puerperal Infection .....

..... (Duration) ..... yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary) ..... Broad ligament abscess

..... (Duration) ..... yrs. 2 mos. 0 ds.

(Signed) John Finney Jr. M. D.

July 5, 1917. (Address) Johns Hopkins Hospit

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. 2 mos. 2 ds. In the State 10 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1118 E. Fayette Street

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rodelph DATE OF BURIAL, July 6, 1917

20-UNDERTAKER 1411 E. Balto. St. Jack Sears ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6542

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6542

CERTIFICATE OF DEATH.

REGISTERED NO. C ....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. 4 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Gibson

(Residence in Baltimore: No. Westminster, Md. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1877 (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, J. T. Wagner

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER A. Shipley

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Wagner

(Address) Westminster Md

15- JUL 6 1917 ROBERT R. KRAUTER

Filed ..... 191... Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 5, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1917, to July 5 1917, that I saw h er alive on July 5 1917, and that death occurred, on the date stated above, at 8.15 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

Pulmonary Oedema

Mitral Stenosis (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) .....

July 5, 191.. (Address) Md. M. D.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State 40 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Westminster, Md.

19-PLACE OF BURIAL OR REMOVAL, Westminster Md

DATE OF BURIAL, July 8, 1917.

20-UNDERTAKER Chas T Wasmer

ADDRESS 217 N. Fulton Ave

CAUSE OF DEATH in plain terms, so that if may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6543

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD) 120

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred Mayfield

(Residence in Baltimore: No. 46 Market Place St.; 70 yrs., X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 5 (Day), 1847 (Year)

7-AGE, 70 yrs. X mos. X ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Window washer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, ? Tuckerman

11-BIRTHPLACE OF FATHER (State or Country), ? Vermont

12-MAIDEN NAME OF MOTHER ? Meeker

13-BIRTHPLACE OF MOTHER (State or Country), ? Vermont

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Mayfield

(Address) 225 Columbia Ave

15- Filed JUL 6 1917, 191... ROBERT B. HRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 29 1917, to July 5 1917, that I saw him alive on July 5 1917, and that death occurred, on the date stated above, at 12 55 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) X yrs. X mos. 7 ds.

CONTRIBUTORY (Secondary) Nephritis (Chronic)

(Duration) ? yrs. ? mos. ? ds.

(Signed) Edward D. Smith M. D.

July 5, 1917 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, July 7, 1917

20-UNDERTAKER Wm Cook

ADDRESS 602 E North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Any statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6544

CERTIFICATE OF DEATH.

79 ✓ D 6544

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 Dillon ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Merklin

(Residence in Baltimore: No. 3115 Dillon St. St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): widower

6-DATE OF BIRTH, May (Month) 4 (Day), 1847 (Year)

7-AGE, 70 yrs. 2 mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Book Keeper

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Michael Merklin

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Mary Cromwell

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mauch Merklin

(Address) 3115 Dillon St

15- JUL 6 - 1917, 191... ROBERT A. KRAUSE

Burial Permit (1) Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1917, to July 1917, that I saw h.. alive on July 5 191.., and that death occurred, on the date stated above, at 5 1 m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

paral.

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac sclerosis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

July 6, 191.7 (Address) 3048 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, July 6, 191.7

20-UNDERTAKER Wm. Cook

ADDRESS 3820 North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6545

CERTIFICATE OF DEATH.

64 ✓ D 6545

1-PLACE OF DEATH 1706 Keyser st

CITY OF BALTIMORE: (No. 1706 Keyser ST.; 8 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Allen

(Residence if Baltimore: No. 1706 Keyser St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): widowed

6-DATE OF BIRTH, unknown (Month), (Day), 1844 (Year)

7-AGE, 73 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Md

PARENTS

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W Allen

(Address) 1420 Druid Hill ave

15-

Filed JUL 6 1917 191.... ROBERT B. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1917, to July 5 1917, that I saw her alive on July 4 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

.....

.....

.....

.....(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

.....(Duration) ....yrs. ....mos. 5 ds.

(Signed) Alla Meadus M.D. M. D.

July 5, 1917. (Address) 1540 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cmty DATE OF BURIAL, July 6, 191.7

20-UNDERTAKER Geo H Holland ADDRESS 1631 Druid Hill ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4 + 182

(PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital. St.: WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Noah R Turner
(Residence in Baltimore: No. University Hosp. St.: yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colord.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 30, 1885
(Month) (Day) (Year)

7-AGE, 31 yrs. 6 mos. 4 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Elijah Turner

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliza Howry

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Elijah Turner
(Address) Stevensville Md

15-
Filed JUL 6 1917 ROBERT P. KRAUTER
No. [redacted] Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest et
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Peritonitis Caused by a Knife Wound in Abdomen, (Homicidal)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) A. D. Driscoll M. D.
(Coroner)
July 6, 1917. (Address) 317 W Carrollton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place University Hospital on the day of death.....yrs.....mos. 2 ds. State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Stevensville Md
DATE OF BURIAL, July 6th, 1917

20-UNDERTAKER E & B Hale
ADDRESS 115 E West St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6547

CERTIFICATE OF DEATH.

30 D 6547

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Hollins Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Cummings

(Residence if in Baltimore: No. 1510 Hollins Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W

5-SINGLE, MARRIED, WIDOWED OR DIVORCED: Single (Write the word.)

6-DATE OF BIRTH: April 21, 1901 (Month) (Day) (Year)

7-AGE: 16 yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: James J Cummings

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Lorine Bowers

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Conner

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed JUL 6 1917 ROBERT B. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1917, to July 6 1917, that I saw h[illegible] alive on July 5 1917, and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

Tuberculosis Peritonitis

(Duration) ....yrs. ....mos. 1 7 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ....yrs. ....mos. 4 ds.

(Signed) E V Cookelare M. D.

7/6/17 191... (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 7th, 191.7.

20-UNDERTAKER: John J Conan & Son

ADDRESS 701 Hollins Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6548

92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1011 S Bunney ST.; 1 WARD)
REGISTERED NO. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hanus
(Residence in Baltimore: No. 1011 S Bunney St. 55 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 3 (Day) 1862 (Year)

7-AGE, 55 yrs. 3 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Austria

PARENTS.
10-NAME OF FATHER, Not Known
11-BIRTHPLACE OF FATHER (State or Country), Austria
12-MAIDEN NAME OF MOTHER Mary Hanus
13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Anthony Hanus
(Address) 1011 S Bunney St

15- Filed JUL 6 1917 (Seal) ROBERT B. KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 5 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1917, to July 5 1917, that I saw him alive on July 5 1917, and that death occurred, on the date stated above, at 5 30 p.m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Emphysema
(Duration) ..... yrs. ..... mos. 4 ds.
(Signed) H. H. Jamgochian M. D.
July 6, 1917. (Address) 2431 Fait Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, West Holy Redeemer
DATE OF BURIAL, July 7 1917
20-UNDERTAKER Stephen J. Piatkowski
ADDRESS 1012 S Kenwood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 6549

1-PLACE OF DEATH Found floating in the water Foot of Light St.

CITY OF BALTIMORE (No. ..... St.: 13 WARD) REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.

(Residence in Baltimore: No. Unknown. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male.	White.	Unknown.

6-DATE OF BIRTH, Do not know. ....., 1 .....
(Month) (Day) (Year)

7-AGE, about 40 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Do not know.

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Otto M.Reinhardt.M.D.
(Informant) .....
(Address) Coroner.

15- Filed ..... 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found July, 1st. 1917. ....., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry his (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
probably accidental.
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt (Coroner.) M. D.

July, 5, 1917. (Address) 1017 S. Charles .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY	JUL 6 1917, 19....
20-UNDERTAKER HARRY C. A...	ADDRESS Commissioner Health.

JUL 7 - 1917

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1917 D 6550

REGISTERED No. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 20 S Bond St ST.: 2 WARD)
2-FULL NAME Early Saunders
(Residence in Baltimore: No. Unknown St.: yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male
4-COLOR OR RACE, Black
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single
6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1 (Year)
7-AGE, 35 yrs. ..... mos. ..... ds.
If LESS than 1 day, ...hrs. or....min.
8-OCCUPATION: (a) Trade, profession, or particular kind of work, Laborer (b) General nature of industry, business, or establishment in which employed (or employer), 840
9-BIRTHPLACE, (State or Country), Unknown

PARENTS.
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country), Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG.
(Informant) Wesley Colored Italian
(Address) Bond near Broadway

15-
Filed JUL 7 1917 HARRY C. ANDREWS Registrar.
No. ..... Burial Pe.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day), 1917 (Year)
17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Stomach Trouble Hodkins Disease
..... (Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Clement Cyril Fenstermacher M. D.
July 5, 1917. (Address) 1 E Lexington St Baltimore (Coroner.)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY
DATE OF BURIAL, JUL 6 1917
20-UNDERTAKER Commissioner Health.
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6553

CERTIFICATE OF DEATH.

104 ✓ D 6555

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3772 Cascara ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle Alice Dooling

(Residence in Baltimore: No. 3772 Cascara St. St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 19, 1916 (Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 13 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None 000
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Catonsville Md

PARENTS.

10-NAME OF FATHER, Percy Dooling

11-BIRTHPLACE OF FATHER (State or Country), Carolina Co. Md

12-MAIDEN NAME OF MOTHER Jessie Kendall

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Jessie Dooling

(Address) 3772 Cascara St.

15-

Filed JUL 7 1917 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 5, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1917, to July 5 1917, that I saw h— alive on July 5 1917, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(Duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Howard W Jones M. D.

July 6., 1917 (Address) Darlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, July 7th, 1917

20-UNDERTAKER Chas. M. Dill ADDRESS 309 Frank. Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 6552

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6552

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Bethel Place ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Kratz

(Residence in Baltimore: No. 1612 Bethel Place St.; —yrs., 10 mos. 17 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug 19, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Karol Kratz

11-BIRTHPLACE OF FATHER (State or Country), Russia Polland

12-MAIDEN NAME OF MOTHER Rosalia Nieziolek

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Karol Kratz

(Address) 1612 Bethel Place

15- Filed JUL 7 - 1917, 191.....

HARRY D. ABORN
Chief Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1917, to July 6 1917, that I saw her alive on July 6 1917, and that death occurred, on the date stated above, at 11½ a, m.

The CAUSE OF DEATH* was as follows:

Meningitis (Cerebral)

(Duration)....yrs....mos. 1 ds.

CONTRIBUTORY (Secondary) Measles

(Duration)....yrs....mos. 6 ds.

(Signed) John H. Rehberger M. D.

July 6, 1917. (Address) 1709 Saliscbury St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, July 7, 1917.

20-UNDERTAKER Jacob Fialkowski — ADDRESS 428 E Bond St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6553

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

80 ✓ D 6553

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 514 N. Broadway St.; 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward L. Thompson

(Residence in Baltimore: No. 514 N. Broadway St.; 6 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: October 12th, 1844 (Month) (Day) (Year)

7-AGE: 72 yrs. 8 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 086

9-BIRTHPLACE (State or country): Washington D.C

PARENTS

10-NAME OF FATHER: Gilbert L. Thompson

11-BIRTHPLACE OF FATHER (State or country): New York

12-MAIDEN NAME OF MOTHER: Mary Anne Dorsey

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs E L Thompson

(Address) 514 N. Broadway

15-

Filed JUL 7 - 1917, 19..

HARRY C. ANKELE
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 5th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1917, to July 5th, 1917, that I saw h im alive on July 5th, 1917, and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Arteria - sclerosis, angina pectoris

(Duration) 6 yrs. mos. ds

Contributory (SECONDARY) Pulmonary oedema

(Duration) yrs. mos. 2 ds.

(Signed) Charles W. Mitchell M. D.

July 6, 1917. (Address) 9 E Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Johns Cemetery — DATE OF BURIAL: July 7, 1917

20-UNDERTAKER: Easton Sons — ADDRESS: Ellicott City

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6554

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

D 6551

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 Homestead ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hush

(Residence in Baltimore: No. 1736 Homestead St.; —yrs. —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWER, OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH Nov 16 1863 (Month) (Day) (Year)

7-AGE 53 yrs. 7 mos. 18 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Trade Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): 006

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER John Hush

11-BIRTHPLACE OF FATHER (State or country) Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Estey

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Brother W. Hush

(Address) 1736 Homestead St

15- Filed JUL 7 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July 5, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1917, to, July 5 1917, that I saw h.. alive on July 5 1917, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Cancer of Prostate

(Duration) yrs 8 mos ds.

Contributory (SECONDARY) Exhaustion

(Duration) yrs mos ds.

(Signed) Thomas Westbrook M. D.

July 5 191 [Address) 1611 Gaudenhaus

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	July 7, 1917
20-UNDERTAKER	ADDRESS
G. F. McCabe	2240 Eutaw Pl.

N. B.—Every item of information should be carefully supplied. A... state CAUSE OF DEATH in plain terms, so that it may ... TION is very important. See instructions on back of cert... ed. AGE should be stated EXACTLY. ... t may be properly classified. Exact statement of OCCUPA... f certificate.

D 6555

HEALTH DEPARTMENT—CITY OF BALTIMORE

Hahneman Gen'l Hospital

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. ~~W. S. Hospital~~ St. 16 WARD)

REGISTERED No. C 1720

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ester Bond

(Residence in Baltimore: No. 1151 N. Mount St.; yrs., mos. ds.) 2

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Dont Know, 1 (Month) (Day) (Year)

7-AGE. And 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework (087)
(b) General nature of industry, business, or establishment in which employed (or employer). at home

9-BIRTHPLACE. (State or Country). New Jersey

PARENTS.

10-NAME OF FATHER. Dont Know

11-BIRTHPLACE OF FATHER (State or Country). Dont Know

12-MAIDEN NAME OF MOTHER. Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. F. Sleiker

(Address) 1729 E. Lanvale

15- Filed JUL 7 - 1917, 191... HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) one & 4 years

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

July 8, 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS). At place of death yrs. mos. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Pk — DATE OF BURIAL, July 7, 19...

20-UNDERTAKER William Cork — ADDRESS 307 E. North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6556 D 6556 104

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 W. Fort ave ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy E Harryman

(Residence in Baltimore: No. 1522 W Fort ave St.; ..... yrs., 4 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 17, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. 4 mos. 19 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, E. Harryman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary M. Fray

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. E. Harryman

(Address) 1522 W Fort ave

15- Filed JUL 7 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1917, to July 6 1917, that I saw h— alive on July 6 1917, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) R. E. Campbell M. D.

July 6, 1917. (Address) 1627 Eutaw pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem — DATE OF BURIAL, July 7., 191.7.

20-UNDERTAKER M. D. Flynn — ADDRESS 1422 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6557

REGISTERED No. C 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 E Randall St.; 4th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Nelson

(Residence in Baltimore: No. 134 E Randall St.; ..... yrs., 5 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) Jan 20 (Day), 1917 (Year)

7-AGE, ... yrs. 5 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John E Nelson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Nellie M. Rayner

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E Nelson

(Address) 134 E Randall

15-

Filed JUL 7-1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 5 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 3 191 7, to July 5 191 7, that I saw h alive on July 5 191 7, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. O'R Campbell M. D.

July 6, 191 7. (Address) 1642 Druid

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Cross Cem. A. A. Co — DATE OF BURIAL, July 7, 191...

20-UNDERTAKER M. L. Flynn — ADDRESS 1423 Light

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Mr Bride
Broadway

79 File D 6558

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1049 ausguth ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A Monaghan

(Residence in Baltimore: No. 1049 ausguth St.; 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Dec. 25, 1858
(Month) (Day) (Year)

7-AGE, 58 yrs. 6 mos. 11 ds.

If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Edward Kinross

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or Country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Monaghan

(Address) 1049 ausguth St.

15-

Filed ....., 191.....

HARRY C. ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 1917, to July 5 1917, that I saw her alive on July 5 1917, and that death occurred, on the date stated above, at 6 A.M. m.

The CAUSE OF DEATH* was as follows:

1a. Par Nephritis

(Duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) J. C. Slade M. D.

July 7 1917 (Address) 1423 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, July 7, 1917

20-UNDERTAKER M. S. Flynn ADDRESS 1422 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED No. C

D 6559

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1443 W. Hamburg ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph E. Kaufman

(Residence in Baltimore: No. 1443 W. Hamburg St. St.; yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, ... May 24, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 10 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none 000
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jos. Kaufman

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Hilda Hoffman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hilda East.

(Address) 1443 W. Hamburg St.

15- Filed JUL 7 1917, 191... ROBERT B. KRAUTH Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquiry ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquest ..... (Inquest, autopsy or inquiry.) and that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ..... yrs. ..... mos. ..... 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. Edw. Smith M. D.
(Coroner)

7/7, 191.. (Address) 910 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	July 7, 1917
20-UNDERTAKER	ADDRESS
Geo J. Smith	1002 W Fayette St

R. R.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6560 ✓ +42 D 6560

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Ellen Rose Murphy

(Residence if not in Baltimore: No. Mercy Hosp St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Nov. 23, 1896 (Month) (Day) (Year)

7-AGE, 50 yrs. 7 mos. 14 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work Seamstress 221

(b) General nature of industry, business, or establishment in which employed (or employer) 069

9-BIRTHPLACE, (State or Country), America Md

PARENTS.

10-NAME OF FATHER, Joseph Murphy

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah E Langley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Ellen Rose Murphy

(Address) Mt. St. Agnes College

15- Filed JUL 7 - 1917 191.... ROBERT D. KRAUTH Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 2 1916, to July 7 1917, that I saw her alive on July 7 1917, and that death occurred, on the date stated above, at 4.45 m.

The CAUSE OF DEATH* was as follows:

Cancroma

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

(Signed) Edward P. Smith M. D.

July 7, 1917 (Address) Emerg.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 9 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Mt. Wash.

Former or usual residence Mt. St Agnes College

19-PLACE OF BURIAL OR REMOVAL Cathedral Md | DATE OF BURIAL, July 9, 1917

20-UNDERTAKER George A Talbert | ADDRESS Fulton & Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6361

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

172 D 6361

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1303 Glyndon St. WARD) 21

2 FULL NAME Bernard Baker. (Baby.)

(Residence in Baltimore: No. 1303 Glyndon St

St.; yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Uncle

6-DATE OF BIRTH, Nov. (Month) 20 (Day), 1820 (Year)

7-AGE, 86 yrs. 7 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Mell

(Address) 1303 Glyndon St

15 JUL 7 - 1917 ROBERT B. KRAUTER

Filed....., 191.. Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

T. B. M. Chain

Pulmonary

accidental

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Postmortem Age

(Duration).....yrs.....mos.....ds.

(Signed) J. E. Lynch M. D.
(Coroner)

July 7, 1917 (Address) 910 Eight St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, July 9....., 1917

20-UNDERTAKER Knell & Son

ADDRESS 1729 W Pratt

N. B.—Every item of information should be carefully supplied. Age, number of years, months and days, should be given in all cases. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6362

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 6362

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 Linden ave ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie R. Ridgely

(Residence in Baltimore: No. 827 Linden ave. St.: 12 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July 10 1863
(Month) (Day) (Year)

7-AGE, 54 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Cook at Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Private

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Louis Button

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Charlotte Polson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah A. Holmes

(Address) 722 Lindenave

15- Filed JUL 7 1917 191.....

ROBERT B. KRAUSE
Burial Permit Director

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 5th 191 , to July 6th 191 , that I saw h.. alive on July 6th 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Synchol Hemm
Orthopedia

(Duration) ..... yrs. ..... mos. 1/2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Lee Elliott M. D.

7/6, 191 7. (Address) 724 Linden ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, July 8, 1917.

20-UNDERTAKER Geo H Hooper — ADDRESS 609 Little Rock

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 lbks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6563

D 6563

CERTIFICATE OF DEATH.

1207

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST.; 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Payne

(Residence in Baltimore: No. 317 S. Sharp St St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, October (Month) 1 (Day) ..... (Year)

7-AGE, 30 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo W Payne

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Moales

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Payne

(Address) 761 Gut ge St

15-JUL 7 1917

Filed....., 191.... ROBERT R. FRAZIER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 4th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16 1917, to July 4 1917, that I saw h.... alive on July 4 1917, and that death occurred, on the date stated above, at 6 55 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation due to
Chronic interstitial Nephritis
(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Acute dilatation
(Duration) ....yrs....mos....ds.

(Signed) B M Griffith M. D.

July 4, 1917. (Address) 6 Md Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos. 18 ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 317 S. Sharp St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, July, 1917

20-UNDERTAKER Samuel Hemsley — ADDRESS 5 Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6561

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Allendale St ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Merill L Meushaw

(Residence in Baltimore: No. 2104 Allendale St St.; ....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec (Month) 11 (Day), 1854 (Year)

7-AGE, 62 yrs. 6 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Artist
(b) General nature of industry, business, or establishment in which employed (or employer): 001

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Chas Meushaw

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Hannah Merrill

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adelaide Meushaw

(Address) 2104 Allendale St

15- ROBERT B. KRAUTER

Filed JUL 7 1917, 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1917, to July 5 1917, that I saw h[illegible] alive on July 4 1917, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency, Cont
Aggravating Status

(Duration) (?) yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Myocardial degenera-
tion Arteriosclerosis

(Duration) 5 yrs. 6 mos. — ds.

(Signed) J. H. Cole M. D.

July 6, 1917. (Address) 2217 Garrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. Is the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. DATE OF BURIAL, July 7, 1917

20-UNDERTAKER Wm J Tuckerton Son ADDRESS Govt Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155 D 6565

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 19 Bay View Hospital St.; 3 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm B. Duncan,
(Residence in Baltimore: No. 119 S Bond, St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
M	W	Sgle

6-DATE OF BIRTH, Oct 16, 50
(Month) (Day) (Year)

7-AGE, 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), Balto

PARENTS.
10-NAME OF FATHER, James Duncan
11-BIRTHPLACE OF FATHER (State or Country), Va,
12-MAIDEN NAME OF MOTHER Sarah Hagan
13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Frances Roberts
(Address) 1825 East 11

15- ROBERT B. KRAUTER
Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:
Syncope, Cardiac Rot
Pulmonary Congestion
Pleurisy Left Lung
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) W. Hunt Smith M. D.
(Coroner)
July 7, 191.. (Address) 19 E Fayette

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery
DATE OF BURIAL, July 8, 19 7.
20-UNDERTAKER H E Hughes
ADDRESS 17 E Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6566

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C D 6566

CITY OF BALTIMORE (No. 111 S. Collington ave (ST.) 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry anderson

Residence in Baltimore: No. 111 S. Collington ave. yrs. mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: white | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): infant

6-DATE OF BIRTH: July (Month) 3 (Day), 1917 (Year)

7-AGE: ..... yrs. ..... mos. 3 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: infant
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): 111 S. Collington ave

PARENTS

10-NAME OF FATHER: Bennie F. Franklin Anderson

11-BIRTHPLACE OF FATHER (State or country): W. Virginia

12-MAIDEN NAME OF MOTHER: Edna May Jack, ill

13-BIRTHPLACE OF MOTHER (State or country): W. Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bennie F. Anderson

(Address) Blue Fields W. Va.

15-

Filed JUL 7 - 1917 1917

ROBERT B. [illegible] REGISTRAR

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 6 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July- 4, 1917. to July - 6 1917.
that I saw h-im alive on July - 5 .1917.
and that death occurred, on the date stated above, at 6 a m.
The CAUSE OF DEATH* was as follows:

Icterus

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Hemorrhages

Whooping Cough (Duration) ..... yrs. ..... mos. One ds.

(Signed) Herman Seidel M. D.

July - 6, 1917 (Address) 1931 E. Pratt st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross | DATE OF BURIAL: July 7, 1917

20-UNDERTAKER: Wm Cook | ADDRESS: 502 E. Mott

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6567

CERTIFICATE OF DEATH.

X1 ✓ D 6567

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Apt E 11 St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Candle

(Residence in Baltimore: No. Mary. St.; ..... yrs., ... mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June 10, (Month) (Day) 1888 (Year)

7-AGE,	If LESS than 1 day,
29 yrs. 1 mos. 5 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Fireman.
(b) General nature of industry, business, or establishment in which employed (or employer) ..... C&O

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, S. A. Candle

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Reppe Clark

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. William Candle

(Address) 222 Madison St.

15-

Filed JUL 7 1917 191 ROBERT S. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1917, to July 5 1917, that I saw h.. alive on July 5 1917, and that death occurred, on the date stated above, at 8-30 P.M.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) ..... yrs. ..... mos. 2 0 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward H. Dench M. D.

July 6, 1917. (Address) Mary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. 29 mos. ..... ds.

Where was disease contracted, if not at place of death? Ripley Md.

Former or usual residence 222 Madison St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Diana - Tenn.	July 7, 1917
20-UNDERTAKER Wm. Cook	ADDRESS 502 E. Mott

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

XH D 6568

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home St.; 61 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Kiest

(Residence in Baltimore: No. Dallas Texas St.; ...yrs...mos...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July 20, 1856
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
61 yrs. 4 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 03

9-BIRTHPLACE, (State or Country) Balto. County Md

PARENTS.

10-NAME OF FATHER, Lorenzo Patterson

11-BIRTHPLACE OF FATHER (State or Country), Lancaster Co Pa

12-MAIDEN NAME OF MOTHER Jane Calwell

13-BIRTHPLACE OF MOTHER (State or Country), Cecil Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs A Fallon

(Address) 607 Roland Ave

15- Filed JUL 7 1917, 191... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 7 1917, to July 7 1917, that I saw h[illegible] alive on July 7 1917, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Hepatic Flexure of Colon
(Duration) ....
.... (Duration) ...yrs. 6 mos. ...ds.

CONTRIBUTORY (Secondary) Cachexia
.... (Duration) ...yrs. mos. 7 ds.

(Signed) Jas. H. Keeter M. D.

July 7, 191 7 (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. 6 mos. 1 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence Dallas Texas

19-PLACE OF BURIAL OR REMOVAL, Dallas Tex — DATE OF BURIAL, July 7th, 1917

20-UNDERTAKER Henry H. Jenkins Sons Co — ADDRESS Orchard & McCulloh Sts.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

D 6568

Registered No. C D 6568

1 PLACE OF DEATH

City of BALTIMORE (No. 847 Lucatel St.; 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME David James Scott

(Residence in Baltimore: No. 847 Lucatel St.; 74 yrs. 8 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Nov. (Month) 1st (Day), 1842 (Year)

7 AGE: 74 yrs. 8 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Book-keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Hardware

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Scott

11 BIRTHPLACE OF FATHER (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Margaret Polk.

13 BIRTHPLACE OF MOTHER (State or country): Maryland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Tina N. Scott.

(Address) 847 Lucatel St.

15 Filed JUL 7 1917 191 ROBERT B. KRAUTH Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 6th (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 13th, 1917, to July 5th, 1917, that I saw him alive on July 5th, 1917, and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

General Arterio-Sclerosis.

Indefinite (Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Appendicitis with general peritonitis (Duration) ... yrs. ... mos. 5 ds.

(Signed) Eldridge C. Price M. D.

July 6, 1917 (Address) 1017 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: July 9th, 1917

20 UNDERTAKER: Putnam & Co — ADDRESS: 1723 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6570 167 D 6570

CERTIFICATE OF DEATH.

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital St., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Virginia Henderson.

(Residence in Baltimore: No. 1516 Rutland Ave. St., 7 yrs., 9 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Sept 1 (Month) 14 (Day), 1912 (Year)

7-AGE, 4 yrs. 9 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, H. A. Henderson.

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Kate Steple,

13-BIRTHPLACE OF MOTHER (State or Country), Balto,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Henderson

(Address) 1516 Rutland

15- Filed JUL 7 - 1917 191. ROBERT B. KRAUTER Registrar.

Burial Permit No.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 5 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns, Accidental, while playing with matches

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. Hurst Ingalls M. D. (Coroner.)

July 7, 1917. (Address) 1 E. Pleasant

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 2 ds. In the State 4 yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

1516 Rutland Ave

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery DATE OF BURIAL, July 7, 1917

20-UNDERTAKER Robert B. Krauter ADDRESS 1442 N. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6571

CERTIFICATE OF DEATH.

142 D 6571

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 S. Bond ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mariana Mazek

(Residence in Baltimore: No. 806 S. Bond St.; — yrs., — mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 16, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 22 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

000 000

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Frank Mazek.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Sophia Worociak

13-BIRTHPLACE OF MOTHER (State or Country), Austria Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Mazek

(Address) 806 S. Bond St.

15- JUL 7 - 1917 Filed ....., 191.... ROBERT E. KRAUTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4, 1917, to July 6, 1917, that I saw her alive on July 6, 1917, and that death occurred, on the date stated above, at 4½ p. m.

The CAUSE OF DEATH* was as follows:

Acute Dermatitis
involving the entire abdomen
and lower extremities.

(Duration) ...yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) —

(Duration) ...yrs. ...mos. ...ds.

(Signed) John H. Rehberger M. D.

July 6, 1917. (Address) 1709 Eliza Ann

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, July 7th, 1917.

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6572

CERTIFICATE OF DEATH.

D 6572

REGISTERED No. C 71

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 Foster Ave. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Edward Kowalewski.

(Residence in Baltimore: No. 2619 Foster Ave St.; ..... yrs., ... mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 19", 1917.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Kowalewski

11-BIRTHPLACE OF FATHER (State or Country), German Poland

12-MAIDEN NAME OF MOTHER Katherine Walter

13-BIRTHPLACE OF MOTHER (State or Country), German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Kowalewski

(Address) 2619 Foster ave.

15- ROBERT P. KRAUTER

Filed JULY 7 1917 191... Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6 —
(Month) (Day) , 191 7
(Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 191 7, to July 6 — 191 7, that I saw h— alive on July 5 — 191 7, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Eclampsia —

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Emmet Grauer M. D.

July 6, 191 7. (Address) 125 S Bl—

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, July 7 ..., 191 7

20-UNDERTAKER M. F. Sadowski ADDRESS 908 S. Ann

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

078

100

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6573

CERTIFICATE OF DEATH.

28 ✓ D 6573

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 S. Chester ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Norwacz

(Residence in Baltimore: No. 519 S. Chester St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single.

6-DATE OF BIRTH, March 19; 1 (Month) (Day) (Year)

7-AGE, 21 yrs. 3 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General
(b) General nature of industry, business, or establishment in which employed (or employer)..... Labor. 040

9-BIRTHPLACE, (State or Country), Baltimore. Md.

PARENTS.

10-NAME OF FATHER, Casmier Norwacz.

11-BIRTHPLACE OF FATHER (State or Country). Russia Poland

12-MAIDEN NAME OF MOTHER Mary Konrad.

13-BIRTHPLACE OF MOTHER (State or Country). German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Norwacz.

(Address)..... 519 S. Chester St.

15-

Filed JUL 7 1917, 191.....

ROBERT B. KRAUTER
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 5 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1917, to July 5 1917, that I saw h.m alive on July 5 1917, and that death occurred, on the date stated above, at 1130 p.m.

The CAUSE OF DEATH* was as follows:

Pulm. Tuberculosis

(Duration)..... Hours ds.

CONTRIBUTORY (Secondary) acute Bright's

(Duration) yrs. ca. mos. 3 ds.

(Signed) Dr. W. Hamsgern M. D.

July 6, 1917. (Address) 2431 Fait

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, N. Hamslain — DATE OF BURIAL, July 7, 1917

20-UNDERTAKER M. J. Sadowski — ADDRESS 705 S. Eden St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

D 6574

HEALTH DEPARTMENT—CITY OF BALTIMORE

81 ✓

CERTIFICATE OF DEATH.

D 6574

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 ½ Edmonson Av 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Gilboy

(Residence in Baltimore: No. 300 ½ Edmonson Av St.; 73 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. April —, 1 —
(Month) (Day) (Year)

7-AGE. 73 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country). Ireland.

PARENTS.

10-NAME OF FATHER. Martin Jordan

11-BIRTHPLACE OF FATHER (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER Rose Conlon

13-BIRTHPLACE OF MOTHER (State or Country). Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Gilboy

(Address) 300 Edmonson Av

15- Filed JUL 7 1917 191.... ROBERT P. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 5, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 22 1916, to July 5 1917, that I saw her alive on July 5th 1917, and that death occurred, on the date stated above, at 8.45 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Paralysis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Joseph B. Sumrall M. D.

July 6, 191.7 (Address) 717 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery — DATE OF BURIAL. July 10, 191.7

20-UNDERTAKER G. D. Fanning — ADDRESS 1938 E. Lafayette Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6575

HEALTH DEPARTMENT—CITY OF BALTIMORE

105 ✓

D 6575

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 E. Centre ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Lampson

(Residence in Baltimore: No. 114 E. Centre St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col. A. A.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, ... Oct. ....., 1885
(Month) (Day) (Year)

7-AGE, ... 32 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Gaunt.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Isiah Lampson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Octavia Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Isiah Lampson .....

(Address)..... 114 E. Centre St .....

15- JUL 7 - 1917 ROBERT B. KRAUTER

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July ..... 5 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1917, to July 5 1917, that I saw him alive on July 5 1917, and that death occurred, on the date stated above, at 1130 p m.

The CAUSE OF DEATH* was as follows: Gastro - Intestinal Catarrh

..... (Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) ..... J. C. Johnson ..... M. D.

July 6 1917. (Address) 1520 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, July 8, 1917.

20-UNDERTAKER, Thos. Holt A. Elliott.

ADDRESS 506 East St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 56

D 6576

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Central Hallaw ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arundell Bradmarsh

(Residence in Baltimore: No. Mt Vernon Dorchester Co md St.; yrs., 45 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1 (Year)

7-AGE, 45 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Mate of vessel
(b) General nature of industry, business, or establishment in which employed (or employer)..... 086

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Mrs. Ford

(Address) Elmira md

15- Filed JUL 7 - 1917 191.... ROBERT B. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas Lynch Coroner D.

July 6, 1917 (Address) 1611 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Dorchester Md DATE OF BURIAL, Mt Vernon Wharf Cemetery July 7 1917

20-UNDERTAKER Christian Miller ADDRESS 2334 Jefferson st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D-6577

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 6577

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Independence St. St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Edward Myers Jr

(Residence in Baltimore: No. 2911 Independence St. St.; ....yrs. 2 mos. 30 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, April 6th, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 30 da.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 600

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Raymond E Myers.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Fannie Frazier

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Fannie A. Myers

(Address) 2911 Independence St

15-JUL 7 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 5th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 5th 1917, to July 5th 1917, that I saw h- alive on July 5th 1917, and that death occurred, on the date stated above, at 1.50 p m.

The CAUSE OF DEATH* was as follows:

Gastro - Enteritis.

(Duration) ....yrs. ....mos. 7 da.

CONTRIBUTORY (Secondary) Dietetic

(Duration) ....yrs. ? mos. ....da.

(Signed) J Wm Swartwood M. D.

July 6th 1917 (Address) 1037 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, July 7, 1917

20-UNDERTAKER Jos B Clark — ADDRESS 1003 E Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Elizabeth A. Petz

D 6578

HEALTH DEPARTMENT—CITY OF BALTIMORE

105

CERTIFICATE OF DEATH.

REGISTERED No. C 6578

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 W Lexington St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A Petz

(Residence in Baltimore: No. 1918 W Lexington St. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 10, 1883
(Month) (Day) (Year)

7-AGE, 34 yrs. 11 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country) Eastern Md

PARENTS.

10-NAME OF FATHER, James A Barrard

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles F Petz

(Address) 1918 W Lexington St

15-

Filed JUL 7 - 1917, 191.... ROBERT P. KRAUTH

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 6-23 17, 191...., to 7-7, 191.7, that I saw h[illegible] alive on 7-7-, 191.7, and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

Acute (Duration) .....yrs. mos. 13 ds.

CONTRIBUTORY (Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Edward A Morgan M. D.

7-7-, 191.7 (Address) 1500 W Lex St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, July 7, 1917.

20-UNDERTAKER Wilbur W Skinner — ADDRESS 1018 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Frank Chetelat

106579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+175 D. 1579

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Chatelat

(Residence in Baltimore: No. Fullerton md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 6, 1861
(Month) (Day) (Year)

7-AGE, 56 yrs. 2 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Repeater
(b) General nature of industry, business, or establishment in which employed (or employer) 015

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Chatelat

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Megan Chatelat

(Address) Fullerton

15- Filed JUL 7 - 1917, 191.... ROBERT P. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epithelioma of Jaw

Duration (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. K. Tawney M. D.
(Coroner)

July 6, 1917 (Address) Baltimore, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 56 yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Baltimore Md

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Joseph Cemetery — DATE OF BURIAL, July 7, 1917

20-UNDERTAKER Frederick Rosaka — ADDRESS Fullerton Md.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6580 — 6580

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Inf. St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robbie D. Jones

(Residence in Baltimore: No. Snow Hill Md. St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, Dec. 31 (Month) (Day), 1860 (Year)

7-AGE, 57 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Judge
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country) Snow Hill Md

PARENTS.

10-NAME OF FATHER, C. James

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Do not Know

13-BIRTHPLACE OF MOTHER (State or Country) Do not Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Saml K. Dennis

(Address) 7 E Lexington St Baltimore

15- Filed JUL 8 1917, 191 ROBERT D. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1917, to July 7 1917, that I saw h.m alive on July 7, 1917, and that death occurred, on the date stated above, at 4:40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral tumor

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cerebral oedema

(Duration) yrs. mos. 12 hrs.

(Signed) W. S. Keefer M. D.

July 7..., 1917.. (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 12 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Home.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Snow Hill Md — DATE OF BURIAL, July 8 2, 1917

20-UNDERTAKER Henry W. Jenkins Sons Co — ADDRESS Orchard & McCulloh

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

61

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 846 S. Eutaw St. 27 REGISTERED No. C.....

2-FULL NAME Jennie Gross (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 846 S. Eutaw St. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, Married, WIDOWED, OR DIVORCED. (Write the word.)

6-DATE OF BIRTH, January (Month) ..., 1851 (Day) (Year)

7-AGE, 66 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Powell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Caplin

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Gross

(Address) 846 S. Eutaw St.

15-

Filed JUL 7 - 1917 191.... ROBERT D. KRAUTER Registrar.

Burial Permit 6103

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1917, to July 6, 1917, that I saw h.. alive on July 5 1917, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows: Cardiac Dropsy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Wm. Krauth M. D.

July 7, 1917. (Address) 846 S. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, July 8, 1917

20-UNDERTAKER Jas A. Joachim — ADDRESS 1111 W. Lee St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

106582 HEALTH DEPARTMENT—CITY OF BALTIMORE 29 D.6582.

CERTIFICATE OF DEATH.

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 2035 Booth ST. 30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Ambrose McKenna

(Residence in Baltimore: No. 2035 Booth St.

St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct. (Month) 6 (Day), 1847 (Year)

7-AGE, 69 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Doctor
(b) General nature of industry, business, or establishment in which employed (or employer): 080

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Ambrose McKenna

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Henrietta

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. McKenna

(Address) 2035 Booth St

15- Filed JUL 8 - 1917, 191... ROBERT P. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

July 7, 1917 (Address) 120 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, July 9, 1917

20-UNDERTAKER um. Cook

ADDRESS 502 E North Ave

Spec.—5-19-13—M. & T.—500 Bks.

D 6583

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 6583

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 S. Wolfe ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lilly Augustyniak

(Residence in Baltimore: No. 237 S. Wolfe St.; ...yrs., 11 mos. 21 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 15, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs. 11 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~~000~~ None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER, J. Augustyniak.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Helen Sopciak.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Augustyniak

(Address) 237 S. Wolfe St.

15- JUL 8 - 1917 Filed ....., 191. ROBERT P. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5th 1917, to July 6 1917, that I saw her alive on July 6 1917, and that death occurred, at the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ...yrs. ...mos. 14 ds.

CONTRIBUTORY (Secondary) Catarrhal Bronchitis

(Duration) ...yrs. ...mos. 7 ds.

(Signed) Geo. Weide M. D.

7-7-, 191... (Address) 1737 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus

DATE OF BURIAL, July 8th, 1917.

20-UNDERTAKER W. F. Sadowski

ADDRESS 905 S. Ann St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0584

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3034 Guilford Ave St.; 17 WARD) REGISTERED No. C 40 D 0584

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev Silas B. Broadway

(Residence in Baltimore: No. 3034 Guilford Ave St.; 52 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 23d, 1865 (Month) (Day) (Year)

7-AGE, 70 yrs. 8 mos. 12 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Minister
(b) General nature of industry, business, or establishment in which employed (or employer): 018

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas B. Broadway

11-BIRTHPLACE OF FATHER (State or Country), Harford Co Md

12-MAIDEN NAME OF MOTHER Serena Duncan

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma C. Broadway

(Address) 3034 Guilford Ave

15- Filed JUL 8 1917, 191 ROBERT N. FRAZIER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1st 1917, to July 7 1917, that I saw h[illegible] alive on July 7 1917, and that death occurred, on the date stated above, at 7.40 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) 1 yrs. mos. 1 ds.

(Signed) E. M. Slaughter M. D.

July 7, 191 7. (Address) 127 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem — DATE OF BURIAL, July 9, 1917

20-UNDERTAKER Wm M. Gawthrop — ADDRESS 624 N Rend. Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6585

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

D 6585

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 527 Aisquith St.: 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruben Farmer (Farmer)

(Residence in Baltimore: No. 527 Aisquith St.; 11 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Unknown ....., 1 ..... (Month) (Day) (Year)

7-AGE: 85 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clothing
(b) General nature of industry, business, or establishment in which employed (or employer): Tailor 68

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Ruben Harris

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Fanny Harris

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis

(Address) 1411 E Baltimore St

15- JUL 8 - 1917 191 ROBERT B. KRAUTER Registrar

Burial Permit Issued

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 7 (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7-6-, 1917, to 7-6-, 1917, that I saw h.. alive on 7-6-, 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia.

..... (Duration) ..... yrs. ..... mos. 2 weeks ds.

Contributory (SECONDARY) Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Solomon C. Katzoff M. D.

7-7-, 1917 (Address) 116 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Harmony

DATE OF BURIAL: July 8, 1917

20-UNDERTAKER: Louis Lewis

ADDRESS: 1411 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6586 ✓ 61+ D 6586

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 73 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Greenhood

(Residence in Baltimore: No. 1022 E. Charles St.; 28 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, March 26, 1889
(Month) (Day) (Year)

7-AGE, 32 yrs. 3 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Collector
(b) General nature of industry, business, or establishment in which employed (or employer)..... 092

9-BIRTHPLACE, (State or Country). Austria

PARENTS.

10-NAME OF FATHER, Adolph Greenhood

11-BIRTHPLACE OF FATHER (State or Country). Austria

12-MAIDEN NAME OF MOTHER Hannah Berger

13-BIRTHPLACE OF MOTHER (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore St

15- Filed JUL 8 1917 191.. ROBERT D. KRAUTER
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1917, to July 7 1917, that I saw him alive on July 7 1917, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebro - Spinal Meningitis
(Meningococcus)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Otitis Media
(Duration) 2 yrs. 3 mos. ds.

(Signed) Israel Strassburger M. D.

July 7, 191 7. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs ..... mos. 7 ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At residence

Former or usual residence 1022 E. Chas St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, July 8, 191 7

20-UNDERTAKER Jock Lewis — ADDRESS 1411 E Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

D 6587

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 S. Edward Ave St.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Austin Thurston Mebrer

(Residence in Baltimore: No. 40 S. Edward Ave St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ...July.... (Month) 5th (Day), 1917 (Year)

7-AGE, ...yrs....mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Infant.....
(b) General nature of industry, business, or establishment in which employed (or employer).....000.....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Earling S. Mebrer

11-BIRTHPLACE OF FATHER (State or Country) Frankfort Pa.

12-MAIDEN NAME OF MOTHER Mary Hilbert

13-BIRTHPLACE OF MOTHER (State or Country) Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Earling S. Mebrer

(Address) 40 S. Edward St.

15-

Filed JUL 8 1917, 191.... ROBERT B. KRAUTH Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...July.... (Month) 7th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 5th 1917, to July 7th 1917, that I saw h is alive on July 5th 1917, and that death occurred, on the date stated above, at 3.45 p.m.

The CAUSE OF DEATH* was as follows:

.....Uremia Infantum.....

.....

.....

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary).....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) C. Hilbert Zinkhand M. D.

7/7, 1917. (Address) 1637 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Baltimore Cemetery	July 9th 1917.
20-UNDERTAKER John A. Moran	ADDRESS Book & Ann Sts

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6588 — X54 — D 6588

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Louise Krummeck

(Residence in Baltimore: No. 4014 Lloyd ave West Brewington Md St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July 4th, 1858 (Month) (Day) (Year)

7-AGE, 59 yrs. 3 mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Marylands

PARENTS.

10-NAME OF FATHER. Conrad Mouder

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Margaret Easter

13-BIRTHPLACE OF MOTHER (State or Country). Marylands

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C C. Keeley. md

(Address) Union Prot Infirmary

15-

Filed JUL 8 - 1917 191.....

ROBERT B. KRAUTER

Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 24th 1917, to July 7th 1917, that I saw her alive on July 7th 1917, and that death occurred, on the date stated above, at 1245 p.m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm L. L. Mc Gill M. D.

July 7, 1917. (Address) Union Protestant Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 43 ds. In the State 59 yrs. 3 mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 4014 Lloyd ave West Brewington Md.

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, July 10, 1917.

20-UNDERTAKER Wendell Ryfel — ADDRESS 378 N.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6589

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 6589

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 25 N. Belnord Ave ST.: 6 WARD)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Phillip Campbell

(Residence in Baltimore: No. 25 N. Belnord Ave St.; — yrs. 10 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: August 23, 1916 (Month) (Day) (Year)

7-AGE: — yrs. 10 mos. 15 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 00

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: John H. Campbell

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Ellen Charsha

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John H. Campbell

(Address) 25 N. Belnord Ave.

15 JUL 8 - 1917 Filed ....., 191.... ROBERT B. KRAUTER REGISTRAR

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 7, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1917, to. July 7 1917, that I saw her alive on July 7, 1917, and that death occurred, on the date stated above, at 8¹⁵ P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) Convulsions

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Frank A. Glantz M. D.

July 8, 1917 (Address) 3744 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: July 8, 1917

20-UNDERTAKER: Kindell & Hill Sc — ADDRESS: 378 Pa

Spec.—8-24-14—M. & T.—2000 lbks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6590

CERTIFICATE OF DEATH.

43 D 6590

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Fremont St.; 10 WARD) REGISTERED NO. C.....

2-FULL NAME Mary Slattery

(Residence in Baltimore: No. 1120 Fremont St.; 65 yrs., ... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 17 (Month) (Day), 1852 (Year)

7-AGE, 65 yrs. ..... mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ooo

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Wm Slattery

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Leland

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cath. Fitzgerald

(Address) Kinsale Ky

15- Filed JUL 8 - 1917 191... ROBERT B. [illegible] Registrar

Burial Perm.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 28 1917, to July 6 1917, that I saw h[illegible] alive on July 5 1917, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr Bernard Lees M. D.

7-7, 191 7 (Address) 914 E Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, July 9, 1917

20-UNDERTAKER H O Wakefield — ADDRESS 714 Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6591

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 S. Streeper ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Wisniewska

(Residence in Baltimore: No. 804 S Streeper St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	White	Widow

6-DATE OF BIRTH, ... Aug. (Month) 15 (Day), 1854 (Year)

7-AGE, 62 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Wisniewski

(Address) 804 S. Streeper St.

15- JUL 8 - 1917 ROBERT B. KRAUTH

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 6 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 11 1917, to July 6 1917, that I saw her alive on July 6 1917, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

.....
.....
Cirrhosis of liver
..... (Duration) yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Bright's
..... (Duration) ..... yrs. 2 mos. 14 ds.

(Signed) ..... M. D.

July 6, 1917. (Address) 2431 Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	July 9., 1917
20-UNDERTAKER	**ADDRESS**
Stephen J. Fialkowski	1018 Hanover Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D6592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 ✓

REGISTERED No. D6592

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 Gelston Ct St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Blackston

(Residence, if not in Baltimore: No. 1037 Gelston Court St.; 41 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Mar

6-DATE OF BIRTH, Unknown (Month), (Day) 1 (Year)

7-AGE, 41 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) 041

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Lewis Toman

11-BIRTHPLACE OF FATHER (State or Country), Md,

12-MAIDEN NAME OF MOTHER, Annie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Blackston

(Address) 1037 Gelston Ct

15-

Filed JUL 9 1917 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1917, to July 6 1917, that I saw h alive on July 5 1917, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Failing Condition

(Duration) yrs. mos. ds.

(Signed) H. H. Howard M. D.

July 6, 1917 (Address) 1537 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery DATE OF BURIAL, July 9, 1917

20-UNDERTAKER Charles B. Jones ADDRESS 235 Pine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 123

REGISTERED No. C.....

1 PLACE OF DEATH
CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs. W. M. Roberts

(Residence in Baltimore: No. Hebrew Hospital St.; ..... yrs., ... mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, Unknown ....., 1868
(Month) (Day) (Year)

7-AGE, 49 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country): Red Springs N. C.

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Levin

(Address) Hebrew Hospital

15- Filed JUL 9 1917 191..... ROBERT B. KRAUTH Registrar.
Buried JUL 9 1917 191..... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1917, to July 8 1917, that I saw her alive on July 8 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Stone in the Ureter

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Post operative Shock (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) M B Levin M. D.

July 8., 1917 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 17 ds. In the State ..... yrs. ..... mos. 17 ds.

Where was disease contracted, if not at place of death? Red Springs N.C.

Former or usual residence Red Springs, N.C.

19-PLACE OF BURIAL OR REMOVAL, Red Springs, N. Carolina — DATE OF BURIAL, 7/8, 191.7

20-UNDERTAKER Jack Sewell — ADDRESS 1411 E. Balto. St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 129 S. Central Av ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberto Rotunno

(Residence in Baltimore: No. 129 S. Central Av St.; ..... yrs., 7 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, Dec 1, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 7 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Michael Rotunno

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rafaela Donduona

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Michael Rotunno
(Address) 129 S. Central Av

15-
Filed JUL 9 1917, 191.....
MARRIED
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1917, to July 7 1917, that I saw h alive on July 7 1917, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonia
(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) L. Valentine M. D.
July 8, 1917. (Address) 16 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart	July 7, 1917

20-UNDERTAKER	ADDRESS
Grant Cracken	1906 Eastland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2029 Mura St. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Katherine Holzman

(Residence in Baltimore: No. 2029 Mura St. St.; 40 yrs.,.....mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Dec. 20, 1852
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
64 yrs. 6 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Frederick.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Wakeman

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Wm Holzman

(Address) 2029 Mura St

15- Filed JUL 9 1917, 191..... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1916, to July 7 1917, that I saw her alive on July 6 1917, and that death occurred, on the date stated above, at 5:05 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Allen Bareham M. D.

July 8, 1917 (Address) 3132 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetary	July 9/17, 191...

20-UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1st & Broadway ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James T. Bright

(Residence in Baltimore: No. 094 N 20th St.; yrs., 1 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, July (Month) 16 (Day) 1898 (Year)

7-AGE 18 yrs. 11 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

243

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Bright

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Fannie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. T. Bright

(Address) 2723 E. Fairmount Ave

15- Filed JUL 9 1917 191... HARRY C. ARMIGER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 7 (Day) 191.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

..... (Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)

..... (Duration)..... yrs..... mos..... ds.

(Signed) Henry Gans Chas Co. M. D. (Coroner.)

7/8....., 191.. (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Gloucester Point Wharf — DATE OF BURIAL, July 9, 1917

20-UNDERTAKER Christian Miller — ADDRESS Gloucester Va 2039 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 0597 — 119 — D 0597

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2715 Hudson ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George M. Hasenei

(Residence if Baltimore: No. 2715 Hudson St.; 25 yrs., 8 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Oct 9th (Month) (Day), 1891 (Year)

7-AGE, 25 yrs. 8 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: 045
(a) Trade, profession, or particular kind of work: Produce
(b) General nature of industry, business, or establishment in which employed (or employer): Dealer

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER, Francis Hasenei

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Annie Klima

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Hasenei

(Address) 2715 Hudson St

15- FILED JUL 9 1917 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6th (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26th 1917, to July 6th 1917, that I saw h[illegible] alive on July 5 1917, and that death occurred, on the date stated above, at 9:40 a.m.

The CAUSE OF DEATH* was as follows:

Hepatitis Acute

(Duration) yrs. 2 mos. 20 ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

(Duration) yrs. mos. ds.

(Signed) C. N. Ober M. D.

July 7th 1917. (Address) 100 S. Potter St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart — DATE OF BURIAL, July 9th, 1917.

20-UNDERTAKER Lilly & Julen — ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6593 ✓ D 6593

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 S. Decker Ave. ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary H. Heiner

(Residence in Baltimore: No. 920 S. Decker Ave St.; Life yrs.,.....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married.

6-DATE OF BIRTH, April (Month) 17 (Day), 1864 (Year)

7-AGE, 53 yrs. 2 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore city.

PARENTS.

10-NAME OF FATHER, John Hessler.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Heiner

(Address) 920 S. Decker Ave.

15- Filed JUL 9 1917, 191... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 8th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1917, to July 7 1917, that I saw h.. alive on July 7 191..., and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

(Duration) ....yrs. 6 mos.....ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) ....yrs. ....mos. 6 ds.

(Signed) W. L. Burke M. D.

July 8, 1917. (Address) 920 S. Decker Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, July 9th, 1917.

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6599 D 6599 +53 ✓

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. John Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest H. Townes

(Residence in Baltimore: No. 67 Day's in Hospital St.; ...yrs., —mos. —ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, June 25 (Month) 1875 (Day), 1 (Year)

7-AGE, 41 yrs. 7 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Attorney
(b) General nature of industry, business, or establishment in which employed (or employer): Law Firm

9-BIRTHPLACE, (State or Country), Texas

PARENTS.

10-NAME OF FATHER, Jno. C. Townes

11-BIRTHPLACE OF FATHER (State or Country), Alabama

12-MAIDEN NAME OF MOTHER Nobe R Oldham

13-BIRTHPLACE OF MOTHER (State or Country), Alabama

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. L. Heard.

(Address) St Thos. Hopkins Hospital

15- Filed JUL 9 1917, 191.... HARRY C. ANDREWS Registrar. Vital Records Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29th 1917, to July 9 1917, that I saw him alive on July 9 1917, and that death occurred, on the date stated above, at 8.15 a. m.

The CAUSE OF DEATH* was as follows:

Subacute Leucaemia
(lymphatic ? myeloid ?)
(Duration) ...yrs. 10 mos. ...ds.

CONTRIBUTORY (Secondary) Ischio rectal abscess
(Duration) ...yrs. ...mos. 10 ds.

(Signed) J. P. Sargent M. D.

July 9, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 39 ds. In the State ...yrs. ...mos. 39 ds.

Where was disease contracted, if not at place of death? 3

Former or usual residence Houston Texas.

19-PLACE OF BURIAL OR REMOVAL, Houston Texas. DATE OF BURIAL, July 9..., 1917.

20-UNDERTAKER Albert C Finlay ADDRESS 221 N Broady

Spec.—8-24-14—M. & T.—2000 Bks.

D 0600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 138

D 0600

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 8 WARD)
2-FULL NAME Carrie Estelle Thomas
(Residence in Baltimore: No. 1123 N. Bradford Street St.; 9 yrs. 0 mos. 27 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married
6-DATE OF BIRTH, May (Month) 13 (Day), 1887 (Year)
7-AGE, 30 yrs. 2 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?
8-OCCUPATION: (a) Trade, profession, or particular kind of work, Housewife (b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE, (State or Country), Md 037

PARENTS.
10-NAME OF FATHER, John J. Wenzel
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER Emma Fulda
13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) W. M. Baetjer
(Address) Johns Hopkins Hospital

15- Filed JUL 9 1917 191... HARRY C. ANDREWS Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 191 7, to July 8 191 7, that I saw her alive on July 7 191 7, and that death occurred, on the date stated above, at 3:03 A m.

The CAUSE OF DEATH* was as follows: Puerperal Eclampsia - Post Partum

(Duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary) None (Duration) yrs. mos. ds.

(Signed) John Sherman M. D.
July 8, 191 7. (Address) Johns Hopkins Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 1 ds. In the State 30 yrs. 1 mos. 25 ds.
Where was disease contracted, if not at place of death? at home
Former or usual residence 1123 N. Bradford

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer
DATE OF BURIAL, July 11, 1917
20-UNDERTAKER James Boyce
ADDRESS 514 Wilson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

D 6601

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Reese St. St.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Belle Jones

(Residence in Baltimore: No. 2901 Reese St St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown. (Month), (Day), 1915 (Year)

7-AGE, 2 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Henry Jones.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lizzie Miner.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Jones.

(Address) 2901 Reese St

15- Filed JUL 9 1917 191.... Harry O. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6th 1917, to July 8th 1917; that I saw h.. alive on July 8th 1917, and that death occurred, on the date stated above, at 3.25 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Rickets

(Duration) yrs. mos. ds.

(Signed) Geo A. Turnbaugh M. D.

July 8 1917. (Address) 2501 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, July 9, 1917

20-UNDERTAKER Wm. Robt. A. Elliott — ADDRESS 716 East St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

54

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 East st ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michelina Trionfo

(Residence in Baltimore: No. 311 East. st St.; ..... yrs., 11 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, August 7. (Month) (Day), 1916. (Year)

7-AGE, ... yrs. 11 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jos. Trionfo.

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Cukkara

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos Trionfo

(Address) 311 East st

15- JUL 9 1917 HARRY C. ANDREWS

Filed....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1917. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 5 1917, to July 8 1917, that I saw h[illegible] alive on July 8 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

Von Jaschs Anemia (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

July 9, 191.. (Address) 1 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery

DATE OF BURIAL, July 9th, 191..

20-UNDERTAKER George F. Ruth

ADDRESS 1735 Telford Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D. 6603

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

D. 6603

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3215 Westwood Ave ST. 15 WARD)

2 FULL NAME Catherine Hoffbauer

(Residence in Baltimore: No. 3215 Westwood Ave. St.; 36 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6 DATE OF BIRTH: March 1, 1829 (Month) (Day) (Year)

7 AGE: 88 yrs. 4 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none 000

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Daniel Frey

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Schaulz

(Address) 3215 Westwood Ave

15 JUL 9 - 1917 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 7 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1917, to July 7th 1917, that I saw her alive on July 7th, 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Infirmity of age

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), P. M. Goodwin M. D.

July 8, 1917 (Address) 3213 Westwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: July 9, 1917

20 UNDERTAKER: Wm Eck ADDRESS 502 E. North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6604 — 15 — D 6604

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Theresa Ludwig

(Residence in Baltimore: No. 1639 Presbury St. St.; 11 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: September 14, 1838 (Month) (Day) (Year)

7-AGE: 78 yrs. 9 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cut [illegible] 037
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country): Germany.

PARENTS.

10-NAME OF FATHER: Unknown.

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Unknown.

13-BIRTHPLACE OF MOTHER (State or Country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Ludwig

(Address) 2023 Pulaski St

15-

Filed JUL 9 1917, 191.. HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1917, to July 8 1917, that I saw her alive on July 8 1917, and that death occurred, on the date stated above, at 5.15 a m.

The CAUSE OF DEATH* was as follows:

Shock following Operation 1 old age

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Sarcoma of Libia

(Duration) yrs. 8 mos. ds.

(Signed) W. Todd Hemmeter M. D.

7-8, 191 7. (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State 22 yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1639 Presbury St

19-PLACE OF BURIAL OR REMOVAL, Loudon Pk. DATE OF BURIAL, July 11, 191 7.

20-UNDERTAKER Wm. Cook ADDRESS 503 E. North

Cur.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6605

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 6605

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Mc Henry ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles. A Geckle

(Residence in Baltimore: No. 1521 Mc Henry St.; ..... yrs., 4 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, February 22nd, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. 4 mos. 16 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Charles. F. Geckle

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Anna. G. Long

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Charles F. Geckle

(Address) 1521 Mc Henry St.

15- JUL 9 - 1917 Filed....., 191. HARRY C. ANDREWS Burial Permit Clerk... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6 191 7, to July 8 191 7, that I saw him alive on July 7th 191 7, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Cholera Infantum

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) C. L. Mackey M. D.

July 9, 1917. (Address) 333 S. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, July 9, 1917

20-UNDERTAKER Henry Hosek Son — ADDRESS 1301 E Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6606

CERTIFICATE OF DEATH.

D 6606

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Henry ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno. Paxton Hart

(Residence in Baltimore: No. 1421 Henry St St.; ..... yrs., ... mos. 5 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Child

6-DATE OF BIRTH, Feb. 17, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) 000

000

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Ernest R. Hart

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Fannie Simpson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. B. Fowler

(Address) 1432 William St

15-

Filed JUL 9 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1917, to July 7 1917, that I saw h— alive on July 7 1917, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary
Tuberculosis
(Duration) — yrs. 6 mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Philip B. Fowler M. D.

July 8, 1917. (Address) 1432 William St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 5 ds. In the State — yrs. — mos. 5 ds.

Where was disease contracted, if not at place of death? Port Norfolk Va.

Former or usual residence Port Norfolk Va.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill	July 9, 1917.
20-UNDERTAKER	**ADDRESS**
E. J. Fanning 1460	Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 6607

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6607

CERTIFICATE OF DEATH.

123 ✓

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 N Castle St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William M Mayhorne

(Residence in Baltimore: No. 905 N Castle St.; 25 yrs., 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, February 25, 1892 (Month) (Day) (Year)

7-AGE, 25 yrs. 4 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): 080

9-BIRTHPLACE, (State or Country) Balto City

PARENTS.

10-NAME OF FATHER, Jas F Mayhorne

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER, Minnie A. Vincent

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie A. Mayhorne

(Address) 905 N. Castle

15-

Filed JUL 9 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 14 1917, to July 6 1917, that I saw h.. alive on July 6 1917, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Pyelitis (Calculous)

(Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) Alex B Lapp M. D.

7/9/17, 191... (Address) 709 N Belnord Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, July 9, 191.7

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 S. Bethel. ST.; V WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Budzynski

(Residence in Baltimore: No. 515 S. Bethel St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 8 (Day) 1917 (Year)

7-AGE, ...yrs. .....mos. .....ds. If LESS than 1 day, 8 hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... " 000

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Joseph Budzynski

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Cath. Kwiatkowski

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cath. Budzynski

(Address) 515 S. Bethel St.

15-

Filed JUL 9 1917 191.... HARRY C. ...

Burial Permit Issued ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 8th (Day) 1917. (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 7th 1917, to July 8th 1917, that I saw h.. alive on ..... 191.., and that death occurred, on the date stated above, at 6.10 P m.

The CAUSE OF DEATH* was as follows:

Asphyxia

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Atalactasis Lungs

(Duration) .....yrs. .....mos. .....ds.

(Signed) Jacob L. Winner M. D.

7-9, 1917. (Address) 308 N. Bway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	July 9, 1917
20-UNDERTAKER	ADDRESS
Jacob Fialkowski	438 S. Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 N. Bruce ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Braxton

(Residence in Baltimore: No. 1554 N. Bruce St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1874 (Year)

7-AGE, 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Storekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): 04

9-BIRTHPLACE, (State or Country), Essex Co. Virginia

PARENTS.

10-NAME OF FATHER, Wm Braxton

11-BIRTHPLACE OF FATHER (State or Country), Essex Co Virginia

12-MAIDEN NAME OF MOTHER Elizabeth Winston

13-BIRTHPLACE OF MOTHER (State or Country), Essex Co. Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Braxton

(Address) 1554 N. Bruce St.

15-

Filed JUL 9 1917 HARRY O. ANDREWS Registrar.

Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31 1917, to July 8 1917, that I saw him alive on July 7. 191, and that death occurred, on the date stated above, at 4:5a m.

The CAUSE OF DEATH* was as follows:

a. Acute Nephritis

La Grippe 13 days

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. 20 ds.

(Signed) Geo C Shannon M. D.

July 8, 1917 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 10

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery. DATE OF BURIAL JUL 11 1917

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6610 D 6610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 W Stockton St.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Bass

(Residence in Baltimore: No. 1137 W. Stockton St.; ..yrs.. ..mos. ..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 6, 1878. (Month) (Day) (Year)

7-AGE, 39 yrs. 4 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Pillum

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Drucilla Williams

(Address) 1137 N Stockton St.

15- Filed JUL 9 1917 191.. HARRY C. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1917. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 26 1917, to July 7 1917, that I saw her alive on July 6 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. H. Wright M. D.

July 7, 1917. (Address) 120 S Pulaski St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, White Stone Hill Cemetery, Va — DATE OF BURIAL, July 10, 1917.

20-UNDERTAKER Edward Ringgold — ADDRESS 1463 N Carey St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 34 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Whitaker

(Residence in Baltimore: No. In Hospital St.; ....yrs.,....mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Unknown, 1875
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
42 yrs....mos....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. E. Hamburger

(Address) Hallston Md

15- JUL 9 - 1917 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19 1917, to July 8 1917, that I saw her alive on July 8 1917, and that death occurred, on the date stated above, at 8 15 a.m.

The CAUSE OF DEATH* was as follows:

1st Ur. Left kidney

1st Ureters & spine

(Duration).....yrs.....mos. 20 ds.

CONTRIBUTORY (Secondary) Leukaemia

(Duration).....yrs.....mos. 20 ds.

(Signed) Hal Fowler M. D.

7/8, 191 7. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 20 ds. In the State 42 yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Joppa, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Fallston Md	July 9, 1917.
20-UNDERTAKER	ADDRESS
Wm J. Tracey & Sons	Pa Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6612

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Heine

(Residence in Baltimore: No. Relay Md St. Hospital St.; — yrs., — mos., 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 24, 1908.
(Month) (Day) (Year)

7-AGE, 8 yrs. 14 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Heine

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rebecca Montgomery

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph F. Heine

(Address) Relay Md

15- Filed JUL 9 1917, 191... HARRY C. ANDREWS Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 20 1917, to July 8 1917, that I saw h[illegible] alive on July 8 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebro-spinal Meningitis

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

July 8., 1917. (Address) St. Jos. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 18 ds. In the State 8 yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? Relay Md

Former or usual residence Relay Md.

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, July 9., 1917.

20-UNDERTAKER Wm J. Tickner & Son ADDRESS Pratt ave

3 P.M.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-16—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6613 — 45 — D 6613

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 E Hoffman St.; 9 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha B. Gross

(Residence in Baltimore: No. 1001 E Hoffman St.; ...yrs...mos...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Oct 10, 1852 (Month) (Day) (Year)

7-AGE, 64 yrs. 8 mos. 27 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework 037
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Denbow

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Katherine Lindhoff

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. B. Gross

(Address) 1001 E Hoffman St

15 JUL 9 1917 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1917, to July 7 1917, that I saw h[illegible] alive on July 7 1917, and that death occurred, on the date stated above, at 9¼ p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) ...yrs. 5 mos. ...ds.

CONTRIBUTORY (Secondary) Metastasis

(Duration) ...yrs. 1 mos. ...ds.

(Signed) H. A. Dey M. D.

July 7, 191 7. (Address) 20 E. Pleasant St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, July 10, 1917

20-UNDERTAKER Allen E Fuller — ADDRESS 221 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6614 — 103 — D 6614

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Woodall St. ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia T Brown.

(Residence in Baltimore: No. 1424 Woodall St. St.; —yrs., —mos. —ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Do not know ....., 1..... (Month) (Day) (Year)

7-AGE, 42 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country) Russian Poland.

PARENTS.

10-NAME OF FATHER. John Retz.

11-BIRTHPLACE OF FATHER (State or Country). Russian Poland.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country). Russian Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L T Brown

(Address) 1424 Woodall

15- Filed JUL 9 1917 Burial Permit Clerk

....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1917, to July 9 1917, that I saw her alive on July 9 1917, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. 3 ds.

(Signed) W. T. Sealing M. D.

July 9, 191 7. (Address) 621 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill — DATE OF BURIAL, July 13, 1917.

20-UNDERTAKER W. H. Cook. — ADDRESS 502 E Fort Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6615 — 104 — D 6615

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 451 E 23rd St, ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Mary E. Bell

(Residence, if not in Baltimore: No. 451 E 23rd St ~~Jurisdiction of Baltimore~~ St.; 7 yrs., 3 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, February 4, 1910 (Month) (Day) (Year)

7-AGE, 7 yrs. 3 mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Bell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary E Fields

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Bell

(Address) 451 E 23rd St

15-

Filed JUL 9 1917, 191.... ROBERT B. KRAUTER

Serial Form Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6th 1917, to July 7th 1917, that I saw her alive on July 7th 1917, and that death occurred, on the date stated above, at 9:45 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Diarrhea & Colitis

(Duration) 7 yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) Enteritis

(Duration) 7 yrs. 3 mos. ds.

(Signed) Geo L Dale M. D.

July 9, 191.. (Address) 1746 23rd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem — DATE OF BURIAL, July 11, 1917

20-UNDERTAKER, Samuel Kennedy — ADDRESS 578 N Bond

N.B. Fill out this certificate as soon as death occurs. Be careful to write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6616 — 79 ✓ — D 6616

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 807 Little Wood St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Elwood Cook

(Residence in Baltimore: No. 1807 Little Walsh St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... (Month) Unknown, (Day) 1 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None 000
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country). Howard Co. Md

PARENTS.

10-NAME OF FATHER, Archie Cook

11-BIRTHPLACE OF FATHER (State or Country), Howard Co. Md.

12-MAIDEN NAME OF MOTHER Bertha Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie B. Cook

(Address) 807 Little Walsh St

15-

Filed JUL 9 1917, 191.... ROBERT P. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 7 (Day), 191 7 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) no other Contributory

(Duration) yrs. mos. ds.

(Signed) F. Edw. Smith M. D.
(Coroner)

July 9, 1917 (Address) 710 Eight St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Howard Co. Md.

19-PLACE OF BURIAL OR REMOVAL, Bush Creek Cemetery — DATE OF BURIAL, July 9, 1917

20-UNDERTAKER S. M. Shaver — ADDRESS Ellicott City

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 6617 ✓ × 108 D 6617

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.: WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick L. Johnson.

(Residence in Baltimore: No. Waterford, Md St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May (Month) 13 (Day), 1900 (Year)

7-AGE, 17 yrs. 1 mos. 26 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farm Hand
(b) General nature of industry, business, or establishment in which employed (or employer) 086

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, J. J. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elmira Keyser

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Johnson

(Address) Baltimore Md

15-

Filed JUL 9 1917, 191 ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/27 1917, to 7/1 1917, that I saw h alive on 7/1 1917, and that death occurred, on the date stated above, at 5:40 m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

7 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Suppurative Appendicitis

(Duration) yrs. mos. ds.

(Signed) H. Hartley M. D.

7/9, 191 7. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Waterford, Md.

19-PLACE OF BURIAL OR REMOVAL, Piney Grove Church Cemetery A.A. Co. DATE OF BURIAL, July 11, 1917.

20-UNDERTAKER Armstrong Denny Co ADDRESS 715 Light St.

N. B.—Legibility and correctness should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6618

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 ✓

REGISTERED No. C .....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 3837 Clifton Ave Walbrook 15 ST.; ..... WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. D. Billmire

(Residence in Baltimore: No. 3837 Clifton ave ST.; 18 yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: April (Month) 4 (Day), 1843 (Year)

7-AGE: 74 yrs. 3 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: 034
(b) General nature of industry, business, or establishment in which employed (or employer): Retired Grocery

9-BIRTHPLACE (State or country): Winchester. Va.

PARENTS

10-NAME OF FATHER: Wm H Billmire

11-BIRTHPLACE OF FATHER (State or country): Unknown.

12-MAIDEN NAME OF MOTHER: Embrey

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Milton S. Billmire
(Address) 3837 Clifton Ave

15. Filed JUL 9 1917, 19..... ROBERT B. KRAUTER
Serial Form REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 8th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1917 to July 8 1917 that I saw him alive on July 8, 1917 and that death occurred, on the date stated above, at 6. P. m.
The CAUSE OF DEATH* was as follows:

Bright's Disease
Chronic (Duration) ..... yrs. unknown mos. ds

Contributory (SECONDARY)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward H. Condon M. D.
July 9, 1917 (Address) 730 N. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: July 10, 1917

20-UNDERTAKER: Wm. Cook — ADDRESS: 502 E. North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6619

CERTIFICATE OF DEATH.

151

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 W. York ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Jackson

(Residence in Baltimore: No. 105 W. York St.; 0 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 7, 1917. (Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 0 ds.

If LESS than 1 day, 0 hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Edgar Jackson

11-BIRTHPLACE OF FATHER (State or Country), Danville, Va

12-MAIDEN NAME OF MOTHER, Florence Washington

13-BIRTHPLACE OF MOTHER (State or Country), Harrisburg, Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed JUL 9 - 1917 191... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7th 1917, to July 7 1917, that I saw h in dead alive on July 7th 1917, and that death occurred, on the date stated above, at 2:15 m.

The CAUSE OF DEATH* was as follows:

Asphyxia m. utero

(Duration) 0 yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) 0 yrs. 5 mos. — ds.

(Signed) L. H. Douglass M. D.

191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, | DATE OF BURIAL, JUL. 9 191...

20-UNDERTAKER | ADDRESS

Board of Health.

UNIVERSITY OF MARYLAND

4970

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If CHILD UNDER ONE YEAR, month should be stated. CAUSE OF DEATH is very important. See instructions on back of certificate. Exact statement of OCCUPATION is very important, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 ✓

REGISTERED No. C D 6620

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Hamburger

(Residence in Baltimore: No. 2449 Druid Hill Ave. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. June 16, 1857 (Month) (Day) (Year)

7-AGE. 59 yrs. 7 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar maker
(b) General nature of industry, business, or establishment in which employed (or employer): Cigar

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Hamburger

(Address) 2449 Druid Hill Ave.

15- Filed JUL 9 - 1917, 191... ROBERT D. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27 1917, to July 9 1917, that I saw him alive on July 9 1917, and that death occurred, on the date stated above, at 4 1/2 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Enlarged Prostate

(Duration) yrs. mos. ds.

(Signed) Thos. K. Galvin M. D.

July 9, 191.7. (Address) Privately

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 12 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2449 Druid Hill Ave

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Friendship | DATE OF BURIAL, July 11, 191.7

20-UNDERTAKER L. Gondheim | ADDRESS 1180 W. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 4621 — 108 — T 1625

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Lenora Wrightson

(Residence if in Baltimore: No. 1407 Presstman St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Feb 24, 1904 (Month) (Day) (Year)

7-AGE, 13 yrs. 4 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Robt Wrightson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Florence Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Wrightson

(Address) 1407 Presstman St

15- Filed JUL 9 1917, 191.... ROBERT B. KRAUSE Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2nd 1917, to July 8th 1917, that I saw her alive on July 2nd 1917, and that death occurred, on the date stated above, at 7.35 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma

.....

.....

..... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) acute Cong. Alcoholism

..... (Duration) ....yrs. ....mos. 6 ds.

(Signed) H. L. Harriman M. D.

July 8th, 1917. (Address) Franklin Square Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 6 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1407 Presstman St

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, July 10 1917.

20-UNDERTAKER John H Frazier — ADDRESS 147 Argyle St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Roza Ford.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1514 Rutland Av. ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roza Ford,

(Residence in Baltimore: No. 1514 Rutland. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, ... May (Month) 26, (Day) 1846 (Year)

7-AGE, 70 yrs. 2 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Myles

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER, Elizabeth Gulan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Without Dispute

(Address) 1514 Rutland

15- Filed JUL 9 - 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbon Dioxide Poisoning,

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) C. H. Easley M. D.
(Coroner.)

July 9, 1917 (Address) 414 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, July 10, 1917.

20-UNDERTAKER E. Le Roy Stiffler — ADDRESS 844 N. 36th St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Williams

(Residence in Baltimore: No. 1608 Abbott ~~St~~ St.; 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1903 (Year)

7-AGE, 14 yrs. 6 mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Meyer

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rifka Grenfer

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore St

15-

Filed JUL 10 1917 191 HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1917, to July 9, 1917, that I saw h e r alive on July 9 1917, and that death occurred, on the date stated above, at 9-10 p. m.

The CAUSE OF DEATH* was as follows:

Congenital Exstrophy of Bladder

(Duration) Life yrs. mos. ds.

CONTRIBUTORY (Secondary) Post-Operative Shock

(Duration) yrs. mos. 5 ds.

(Signed) Bernard Jacobson M. D.

June 9, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State 3 yrs. mos. 14 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1608 Abbott Street

19-PLACE OF BURIAL OR REMOVAL, Hebrew Int. Carmel — DATE OF BURIAL, July 10, 1917

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E. Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6624

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 35-26 Roland Ave ST., 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary D Tyson

Residence in Baltimore: No. 35-26 Roland Ave St.; 38 yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Feb 28 (Month) (Day), 1873 (Year)

7-AGE, 44 yrs. 4 mos. 9 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Larkin Grimes

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Elizabeth A Sampson

13-BIRTHPLACE OF MOTHER (State or Country) Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Tyson

(Address) 35-26 Roland Ave.

JUL 10 1917 HARRY C. ANDREWS

Filed....., 191.... Assist. Local Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 191 6, to July 9 191 7, that I saw h[illegible] alive on Jul 10 191 7, and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

July 9, 191 7 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Harpers Ferry Md

DATE OF BURIAL, July 12, 191 7

20-UNDERTAKER Ellsworth & Son

ADDRESS 3617 Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 0625

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

D 0625

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2236 Essex ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Karwoski

(Residence if in Baltimore: No. 2236 Essex St. St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 11 (Day), 1916 (Year)

7-AGE, yrs. 11 mos. 30 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Kostanty Karwoski

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Leonora Gedluk

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kostanty Karwoski

(Address) 2236 Essex St.

15- JUL 10 1917 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1917, to July 9 1917, that I saw h[illegible] alive on July 9 1917, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wheaton M. D.

July 12, 1917. (Address) 65 Bromley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Stanislaus Cem

DATE OF BURIAL, July 12, 1917.

20-UNDERTAKER Stephen J. Fralkowski

ADDRESS 1019 Hillsdale

Hook

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6626

CERTIFICATE OF DEATH.

109

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Victoria Koscielowich

(Residence in Baltimore: No. Mercy Hospital St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov. 10, 1879. (Month) (Day) (Year)

7-AGE, 37 yrs. 7 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Bidozyuski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Josephine Rosinski

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victoria Koscielowich

(Address) 857 S. Luzerne St.

15- JUL 10 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1917, to July 8 1917, that I saw h.. alive on July 8 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

..... (Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Incarcerated Hernia

..... (Duration) yrs. 2 mos. 1 ds.

(Signed) Edward J. Smith M. D.

July 8, 1917. (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 857 S. Luzerne St

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Cem. DATE OF BURIAL, July 12, 1917.

20-UNDERTAKER Stephen J. Kiackowski ADDRESS 1019 N. Kenwood Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

D 6627

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1345 N Stricker ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Spencer Fletcher

(Residence in Baltimore: No. 1345 N Stricker St.; 43 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 25, 1849 (Month) (Day) (Year)

7-AGE. 67 yrs. 6 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Lexington Va

PARENTS.

10-NAME OF FATHER, Spencer Fletcher

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Martha Reed

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louella Fletcher

(Address) 1345 N Stricker St

15-

Filed JUL 10 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 191 7, to July 8 191 7, that I saw h[illegible] alive on July 7 191 7, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 1 yrs. mos. ds.

(Signed) W. H. Wright M. D.

July 9, 191 7 (Address) 129 Fremont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn

DATE OF BURIAL, July 10, 191 7

20-UNDERTAKER Samuel V. Lemley

ADDRESS 578 W Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6628

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 Canal ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Williams

(Residence in Baltimore: No. 225 Canal St. St.; yrs. 35 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	Col	Widowed

6-DATE OF BIRTH: Unknown (Month) Unknown (Day) 1859 (Year)

7-AGE: 58 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: General Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Pa.

PARENTS

10-NAME OF FATHER: Henry Williams

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Williams

(Address) 225 Canal St

15- JUL 10 1917 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28, 1916, to, July 8 1917, that I saw h.. alive on July 7 1917, and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs 1 mos 10 ds.

Contributory (SECONDARY) Mitral murmur

(Duration) — yrs 6 mos 6 ds.

(Signed), H. C. Peltzaeim M. D.

July 8 1917 [Address] 817 Hamilton Ter

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: July 10th 1917

20-UNDERTAKER: Samuel T. Kemsley

ADDRESS: 5788 Biddle

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6629 +129 D 6629

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home Hebrew Hospital ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mable Feldman

(Residence in Baltimore: No. 6 days in Hospital St.; ....yrs.,....mos.,....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1857 (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) Home Hebrew Hospital

15- Filed JUL 10 1917 191... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 7 (Day) 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 2 191 7, to July 7 191 7, that I saw her alive on July 7 191 7, and that death occurred, on the date stated above, at 12 40 p m.

The CAUSE OF DEATH* was as follows:

Shock due to operation for myomata uteri

..... (Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

..... (Duration) ? yrs. ..... mos. ..... ds.

(Signed) H. W. Reid M. D.

July 7, 191 7 (Address) Home Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 417 Liberty St Norfolk Va

19-PLACE OF BURIAL OR REMOVAL Petersburg Va — DATE OF BURIAL, July 10 1917

20-UNDERTAKER Samuel D Kemler — ADDRESS 678 N Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6630 D 6630

CERTIFICATE OF DEATH.

+41

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josepha Hospital St., Mines WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Andrew Fortmiller

(Residence in Baltimore: No. Fullerton Md. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, ~~62~~ ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wolf Fortmiller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie E. Winkler

(Address) Fullerton Md.

15-

Filed JUL 10 1917, 191.. HENRY M. ANDREWS Registrar.

BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1917, to July 9 1917, that I saw him alive on July 8 1917, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Cancroma of Rectum

..... (Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

..... (Duration) ..... yrs. 2 mos. 1 ds.

(Signed) H Merkel M. D.

....., 191... (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 3 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence Fullerton Balto Co.

19-PLACE OF BURIAL OR REMOVAL, St Josephs Cemetery — DATE OF BURIAL, July 11..., 1917.

20-UNDERTAKER Frederick Lassahn 2nd Son — ADDRESS, Fullerton Md.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0631 D 0631

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann General Hospital ST.; 16 WARD) REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Jennie Keier

(Residence in Baltimore: No. 1417 Laurens St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1870 (Year)

7-AGE, 46 yrs. 11 mos. 1 da.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John Kunig

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Burk

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Mura

(Address) 1417 Laurens St

15- JUL 10 1917 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to July 9 1917, that I saw her alive on July 9 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Diabetes (Chronic)

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease Dropsy

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thomas Dobson M. D.

July 9, 191 7 (Address) 1001 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. — ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1417 Laurens St

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, July 11 191 7

20-UNDERTAKER G F Walker — ADDRESS 723 Cathedral

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6632

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

772

D 6632

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1322 Linden ave ST. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Louisa M. Wilson

(Residence in Baltimore: No. 1322 Linden ave. St.: 88 yrs. 10 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Wh. Amer

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single.

6-DATE OF BIRTH: Sept 6, 1828 (Month) (Day) (Year)

7-AGE: 88 yrs. 10 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): md

PARENTS

10-NAME OF FATHER: Henry Wilson

11-BIRTHPLACE OF FATHER (State or country): md

12-MAIDEN NAME OF MOTHER: Mary Cook

13-BIRTHPLACE OF MOTHER (State or country): md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs A H Stephenson

(Address) 1322 Linden ave

JUL 10 1917 Filed ....., 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 9th (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 16, 1917, to, July 9th 1917, that I saw h[illegible] alive on July 9, 1917, and that death occurred, on the date stated above, at 6.40 P m.

The CAUSE OF DEATH* was as follows:

Accidental fall down Stairway fracturing Arm bone, injury to brain traumatic lobar pneumonia

(Duration) ..... yrs. ..... mos. 11 ds

Contributory (SECONDARY) Hemiplegia due to embolism.

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Robert Fechtig M. D.

July 9th, 1917 (Address) 1303 N. Chas St.

(State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet. DATE OF BURIAL: July 11th 1917

20-UNDERTAKER: G. F. Walker ADDRESS: 723 W Fay

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1917

REGISTERED No. C 6682

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 812 E Eutaw St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F White

(Residence in Baltimore: No. ... St., ... yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..., 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
31 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Brooklyn N.Y.

PARENTS.

10-NAME OF FATHER, John White

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Cummings

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard F White

(Address) 853 Broadway Brooklyn N.Y.

15- ROBERT E. KRAUS

Filed JUL 8 - 1917, 191... Burial Permit Issued

JUL 10 1917 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Fracture of Skull (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Struck with fist, striking his head on pavement (Duration) ... yrs. ... mos. ... ds.

(Signed) Henry Ford Lindsey M. D.
(Coroner)
July 7, 1917 (Address) Henry Ford Lindsey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

Mary Loma Casey REMOVAL, PUBLIC CEMETERY

DATE OF BURIAL, July 7 1917

20-UNDERTAKER

ADDRESS 1301 E Eutaw

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 D 6634

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 Foster ave. ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Kowalewska

(Residence in Baltimore: No. 2619 Foster ave. St.; 26 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month), ... (Day), 1880 (Year)

7-AGE, 37 yrs. 4 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), German Poland.

PARENTS.

10-NAME OF FATHER, Joseph Wather.

11-BIRTHPLACE OF FATHER (State or Country), German Poland

12-MAIDEN NAME OF MOTHER Maggie

13-BIRTHPLACE OF MOTHER (State or Country), German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kowalewski Hus

(Address) 2619 Foster ave.

15- JUL 10 1917 HARRY C. ANDREWS
Filed....., 191.... Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month), 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 - 1917, to July 8 - 191..., that I saw h-er alive on July 8 1917, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis (Toxemia)

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) General Paralysis

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Burt C. Brown M. D.

July 9, 1917. (Address) 125 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, July 11, 1917

20-UNDERTAKER W. F. Sadowski. ADDRESS 705 S. Ann

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6635

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 6635

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 S Bond ST.; 2nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia Plichta

(Residence in Baltimore: No. 621 S. Bond St.; 2 yrs., 1 mos., 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 28, 1915
(Month) (Day) (Year)

7-AGE, 2 yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Thomas Plichta

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Mary

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Plichta

(Address) 621 S. Bond St.

15-

Filed JUL 10 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6th 191 7, to July 8th 191 7, that I saw h[illegible] alive on July 8th 191 7, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Over.

(Duration) yrs. mos. ds.

(Signed) A T Kile M. D.

July 9th, 191 7. (Address) 24 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, July 10th, 1917.

20-UNDERTAKER W. F. Sadowski. ADDRESS 705 S. Ann St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 6636 — D 6636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 Warren Ave ST.; 22 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Eleanora Sessions

Residence in Baltimore: No. 204 Warren Ave (Stranger) 64 yrs., 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June 6, 1853 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
64 yrs. 1 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Jos Voyce

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Eleanora Sessions

(Address) 204 Warren Ave

15- Filed JUL 10 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to July 8 1917, that I saw h[illegible] alive on July 8 1917 and that death occurred, on the date stated above, at 3.30 a m.

The CAUSE OF DEATH* was as follows:

Malignant Carcinoma of Uterus & Ovaries

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Septic Peritonitis

(Duration) 7 mos. ds.

(Signed) Williams Geo L. M. D.

July 10, 191[illegible] (Address) 835 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. DATE OF BURIAL, July 11, 191 7.

20-UNDERTAKER Jno F Fahey & Sons ADDRESS 1318 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

Registered No. C.....

1-PLACE OF DEATH

CITY BALTIMORE: (No. 252 S. East Ave St.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Warner

Residence in Baltimore: No. 252 S East Ave St.; \ yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: April (Month) 20 (Day), 1828 (Year)

7-AGE: 89 yrs. 2 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles A Warner

(Address) 257 S East Ave

15- Filed JUL 10 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 9 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1917, to, July 9 1917, that I saw h.r alive on July 2nd 1917, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs mos ds.

Contributory (SECONDARY) Arteriosclerosis

(Duration) yrs 1 mos ds.

(Signed) G. H. Buxton M. D.

July 10, 1917. [Address] 301 E Eutaw St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 11, 1917

20-UNDERTAKER: Geo L. Schmatt & Bro — ADDRESS: 2101 Frederick

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHILE PENCIL, WITH UNFADING INK IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D-6638

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 N. Payson ST.; 16 (WARD)

2-FULL NAME Mallie Elizabeth McElroy

(Residence in Baltimore: No. 1014 N. Payson St.; Life time yrs. mos. ds.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White.	Married

6-DATE OF BIRTH. October. (Month) 27 (Day), 1877. (Year)

7-AGE, 39 yrs. 8 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-wife.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, City.

PARENTS.

10-NAME OF FATHER, E.B. Tucker,

11-BIRTHPLACE OF FATHER (State or Country), Virginia.

12-MAIDEN NAME OF MOTHER Laura A. Roche,

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. E. McElroy.

(Address) 1014 N. Payson St.

15- Filed JUL 10 1917, 191... HARRY U. ANDREW Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8 (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1916, to July 8 1917, that I saw h[er] alive on July 8 1917, and that death occurred, on the date stated above, at 12.30 a. m.

The CAUSE OF DEATH* was as follows:

Embolism of coronary artery - sudden attack

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Joseph H. Hearn M. D.

July 9, 1917. (Address) 191 N. W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, July 10., 191.

20-UNDERTAKER J.B. Cook ADDRESS 1033 W. Balto

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Cole

(Residence in Baltimore: No. 551 W. Lafayette Ave St.; ...yrs. 1 mos. 19 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Black	Sgl.

6-DATE OF BIRTH, May 21, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 19 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jas. Cole

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margard Heath

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) John Hopkins Hosp.

15- Filed JUL 10 1917 191... ROBERT B. KRAUTH Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27 191 7 to July 10 191 7, that I saw h[illegible] alive on July 10 191 7, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

.....
Syphilis Hereditary
.....
..... (Duration) 0 yrs. 1 mos. 19 da.

CONTRIBUTORY (Secondary) Gastro intestinal indigestion

..... (Duration) 0 yrs. 0 mos. 12 da.

(Signed) Henry B. Conrad M. D.

July 10, 1917 (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 11 da. In the State ...yrs. ...mos. ...da.

Where was disease contracted, if not at place of death? —

Former or usual residence 551 W. Lafayette Ave.

19-PLACE OF BURIAL, OR REMOVAL, Md. Cem. Co. DATE OF BURIAL, July 12, 1917.

20-UNDERTAKER John J. Conrad ADDRESS 901 Collins St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6640

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

D 6640

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Mura ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angelus Mohr

(Residence in Baltimore: No. 2119 Mura St.; 1 yrs., 5 mos. 24 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: January 15th, 1916 (Month) (Day) (Year)

7-AGE: 1 yrs. 5 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Louis Mohr

11-BIRTHPLACE OF FATHER (State or Country): Balto. Co. Md

12-MAIDEN NAME OF MOTHER: Catherine Pruett

13-BIRTHPLACE OF MOTHER (State or Country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Louis Mohr

(Address) 2119 Mura St

15- JUL 10 1917 ROBERT B. KRAUTER

Filed....., 191..... Registrar.

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 — 1917, to July 9, 1917, that I saw h-ir alive on July 9 1917, and that death occurred, on the date stated above, at 11 55 p.m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) — yrs. — mos. 12 ds.

(Signed) Edmund B. Feeby, M. D.

July 10., 1917. (Address) 1223 N. Carolina St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL, July 11., 191.7

20-UNDERTAKER: Henry Horn & Son — ADDRESS 1301 E Eager St

D 6641

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

6

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 26 N. Milton ave. ~~St.~~ WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Lawrence

Residence in Baltimore: No. 26 N. Milton ave. ~~St.~~ 68 yrs. — mos. 22 ds.)

4

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 16th (Day), 1849 (Year)

7-AGE: 68 yrs. — mos. 22 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired 1 yr
(b) General nature of industry, business, or establishment in which employed (or employer): Saloon bus

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Christian Lawrence

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Caroline Metzger

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Jno. W. Lawrence

(Address) 26 N. Milton ave

15-

Filed JUL 10 1917 19.. ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 8th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 28th, 1917, to July 8th 1917.
that I saw h[illegible] alive on July 8th, 1917.
and that death occurred, on the date stated above, at 9 P. m.
The CAUSE OF DEATH* was as follows:

acute Lobar Pneumonia

(Duration) — yrs. — mos. 2 ds

Contributory (SECONDARY) Left Hemiplegia

(Duration) — yrs. — mos. 10 ds.

(Signed) Eugene Douglas M. D.

July 9th, 1917. (Address) 830 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Pauls

DATE OF BURIAL: July 11, 1917

20-UNDERTAKER: H. Sander & Sons

ADDRESS: 1710 Flint St.

D 0642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital St.: W WARD)

2-FULL NAME Mary V Kelly

(Residence in Baltimore: No. 611 Gunnar St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May — (Month) (Day), 1870 (Year)

7-AGE, 47 yrs. 1 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer) wife

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER. Geo Duggan

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Margaret Campbell

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Helen M Duggan
(Address) Philadelphia

15- JUL 10 1917 Filed ....., 191.... ROBERT B. KRAUTH Registrar.
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock following severe burns 2 face & body
burns by oil stove exploding in room

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. S. Loveall M. D.
(Coroner.)
July 10, 1917... (Address) 512 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 11 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence 611 W Gunnar St.

19-PLACE OF BURIAL OR REMOVAL, Union Cemetery DATE OF BURIAL, July 13, 1917

20-UNDERTAKER Robt D Turner ADDRESS 1442 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6643 — 104 — D 6643

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 S. Regester ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wladyslawa Antoniak

(Residence in Baltimore: No. 511 S. Regester St.; ....yrs., 6 mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Jan. (Month) 11 (Day), 1911 (Year)

7-AGE, ...yrs. 5 mos. 28 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Julian Antoniak

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Mary Szarek

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julian Antoniak

(Address) 511 S. Regester

15- JUL 10 1917 ROBERT B. KRAUTER

Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 9 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 4 1917, to July 9 1917, that I saw h-- alive on July 9 1917, and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

..... Acute Enteritis

..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... J. Valentine ..... M. D.

July 10, 1917 (Address) 165 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary | DATE OF BURIAL, July 11, 1917

20-UNDERTAKER Wilkens Fialkowsky | ADDRESS 1618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6644

CERTIFICATE OF DEATH.

+45 D 6644

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thompson

Residence in Baltimore: No. Dayton; Md. St.; 62 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) 1855 (Year)

7-AGE, 62 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ellicott City Md.

PARENTS.

10-NAME OF FATHER, Enoch Thompson.

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Margaret Carr

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Patient (Hospital)

(Address)

15-

Filed JUL 10 1917, 191.... ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1917, to July 10 1917, that I saw h[illegible] alive on July 10 1917, and that death occurred, on the date stated above, at 7:25 m.

The CAUSE OF DEATH* was as follows:

Ehythelioma Penis
(Operated)
Diuresis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Decubitus Ulcers

(Duration) yrs. 3 mos. ds.

(Signed) D. P. Eaton M. D.

11/10, 1917. (Address) Hospital Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 15 ds. In the State 62 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown.

Former or usual residence Dayton Howard Co.

19-PLACE OF BURIAL, OR REMOVAL, Mt Vernon Howard Co Md. DATE OF BURIAL, July 12th, 1917.

20-UNDERTAKER S. Hilbruner & Son ADDRESS Ellicotts City.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6645

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1126. Peach alley

CITY OF BALTIMORE: (No. 8 St.; 23 Ward)

2-FULL NAME Elizabeth Cook.

(Residence in Baltimore: No. 1126 Peach alley, St.; ..yrs., ..mos. ..ds.)

REGISTERED No. C D 6645

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1855, (Year)

7-AGE, 62 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Cadwin

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. Charles Cook

(Address) 38 S. Howard st.

15- Filed JUL 10 1917 191.. ROBERT B. KRAUTH Registrar.
Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1917, to July 9 1917, that I saw h.. alive on July 8 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Indefinate

(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ..yrs. 2 mos. ..ds.

(Signed) R. L. Campbell M. D.

July 9, 191.. (Address) 1644 Eutaw st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sworks Cemetery — DATE OF BURIAL, July 11th, 191..

20-UNDERTAKER F. A. Krause — ADDRESS 783 Hanover st

Spec.—8-24-14—M. & T.—2000 Bks.

Catherine Drzewiecki.

D 6846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

D 6846

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 S. Ann. ST.; W WARD) REGISTERED NO. C

2-FULL NAME Catherine Drzewiecki.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 811 S Ann. St.; 29 yrs., 9 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept (Month) 22 (Day); 1887. (Year)

7-AGE, 29 yrs. 9 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Felix Gura

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Mary Wojanowska.

13-BIRTHPLACE OF MOTHER (State or Country), Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Steven Drzewiecki

(Address) 811 S. Ann St

15-

Filed JUL 10 1917, 191.. ROBERT B. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1917. (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 7 191.., to July 9 191.., that I saw h.. alive on July 7 191.., and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) .. yrs. .. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(Duration) .. yrs. .. mos. 1 ds.

(Signed) G. J. Kusan M. D.

July 10, 1917 (Address) 2208 E. Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .. yrs. .. mos. .. ds. In the State .. yrs. .. mos. .. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. St. Stanislaus. DATE OF BURIAL, July 11, 191.7.

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Mary L. Smith

Spec.—8-24-14—M. & T.—2000 Bks.

Mary C. Smith

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6647

CERTIFICATE OF DEATH.

45 D 6647

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Franklin Sq. Hosp St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary Smith

(Residence in Baltimore: No. 203 West West St St.; 58 yrs., mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June (Month) 21st (Day), 1858 (Year)

7-AGE 58 yrs. mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frank Young

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank E. Schmidt

(Address) 1709 N. Wolf St.

15- JUL 10 1917 ROBERT B. KRAUTER

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 191 7, to July 10 191 7, that I saw her alive on July 10 191 7, and that death occurred, on the date stated above, at 12.10 P. m.

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer Cancer

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Pancreas

(Duration) yrs. 2 mos. ds.

(Signed) H. Goldstein M. D.

July 10, 1917. (Address) Franklin Sq. Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 203 West West St.

19-PLACE OF BURIAL, OR REMOVAL, Druid Hill Park Cem. DATE OF BURIAL, July 12th, 1917

20-UNDERTAKER Mr & Mrs John W Teufel ADDRESS 801 W Fayette St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6548 — 138 — D 6548

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen French

(Residence in Baltimore: No. 1237 N Central St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... December (Month) ....., 1 (Day) ..... (Year)

7-AGE, 32 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER, Chas Gallion

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Edith Ayle

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clayton French

(Address) 1237 N. Central Ave.

15-

Filed JUL 10 1917 191.....

ROBERT B. KRAUTZ
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10 1917, to July 10 1917, that I saw her alive on July 10 1917, and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Eclampsia

Child Birth

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Pregnancy

(Duration) ..... yrs. 7½ mos. ..... ds.

(Signed) Ernest P. Reese M. D.

July 10., 1917. (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 32 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1237 N Central

Former or usual residence 1237 N. Central

19-PLACE OF BURIAL OR REMOVAL, Aberdeen Md. DATE OF BURIAL, July 11., 1917.

20-UNDERTAKER W J Siehm & Sons ADDRESS Camden & Pine

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6649

D 6649

CERTIFICATE OF DEATH.

REGISTERED NO. C 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby French

(Residence in Baltimore: No. 1237 N Central St.; yrs., mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 10, 1917.
(Month) (Day) (Year)

7-AGE, ..yrs..mos.0..ds.

If LESS than 1 day, 7 hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Payton French

11-BIRTHPLACE OF FATHER (State or Country), Vermont

12-MAIDEN NAME OF MOTHER Helen J Gallion

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clayton French

(Address) 1237 N. Central Ave.

15- JUL 10 1917 ROBERT B. KRAUTER
Filed ..... 191.. Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10 1917, to July 10 1917, that I saw him alive on July 10 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Premature 7½ Months

(Duration) ..yrs..mos..ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs..mos..ds.

(Signed) Ernest P. Mc Keon M. D.

July 10, 1917. (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. 1 ds. In the State ..yrs. ..mos. 1 ds.

Where was disease contracted, if not at place of death? St Josephs Hospital

Former or usual residence ?

19-PLACE OF BURIAL OR REMOVAL, Aberdeen Md. DATE OF BURIAL, June 11..., 1917.

20-UNDERTAKER W J Tucker Sons ADDRESS Camden & Stockton

D 6650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

20 175

D 6650

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hanover & Ostend Sts. ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence J.Borland.

(Residence in Baltimore: No. 621 S.Pulaski St. St.: 23 yrs., 7 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White.	Single.

6-DATE OF BIRTH, November 23rd. 1893. (Month) (Day) 1 (Year)

7-AGE, 23 yrs. 7 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Automobile
(b) General nature of industry, business, or establishment in which employed (or employer): mechanic.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Robert Borland.

11-BIRTHPLACE OF FATHER (State or Country) Philadelphia,Pa.

12-MAIDEN NAME OF MOTHER Mollie Hines.

13-BIRTHPLACE OF MOTHER (State or Country) Richmond Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Borland.(father)

(Address) 621 S.Pulaski St.

15- Filed JUL 10 1917, 101.... ROBERT B. FRAWLEY Registrar. Burial Permit ....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July, 8th. 1917. (Month) (Day) , 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest. (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the Skull.
Thrown from an Automobile which was run into a telegraph pole and overturned. Reckless speed. (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Accidental death (Duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

July, 10, 1917. (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL, OR REMOVAL, Cathedral — DATE OF BURIAL, July 11, 1917

20-UNDERTAKER John F. Conran Son — ADDRESS 901 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 6651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6651

6 175

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. Hanover & Ostend Sts. ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME William P.Aumiller.

(Residence in Baltimore: No. 2022 Orleans St. St.; 23 yrs., 11 mos., 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, July 19th. 1893., 1 (Month) (Day) (Year)

7-AGE, 23 yrs. 11 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman for
(b) General nature of industry, business, or establishment in which employed (or employer): Bakery.

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Nicholas Aumiller.

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Amelia Wetter.

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
John F.Aumiller.(brother)
(Informant)
(Address) 419 N Chester St.

15- Filed JUL 10 1917, 191.... ROBERT B. KRAUTH Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8th.1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the Skull.
Thrown from an Automobile which was run into a telegraph pole and overturned. Reckless speed. mos. ds.
CONTRIBUTORY (Secondary) Accidental death.
Duration yrs. mos. ds.

(Signed) Otto M Reinhardt M. D. (Coroner.)
July,10,1917. (Address) 1017 S.Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	July 11 1917
20-UNDERTAKER. Philip Herwig	ADDRESS 2016 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6652 X54 D 6652

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Van Duyn

(Residence in Baltimore: No. 17 days in Hospital St.: ....yrs. ....mos. 17 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	married

6-DATE OF BIRTH, ...March.... (Month) 4 (Day) 1862 (Year)

7-AGE,	If LESS than 1 day,
55 yrs. 1 mos. 6 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Holland

PARENTS.

10-NAME OF FATHER, Daniel Wessels

11-BIRTHPLACE OF FATHER (State or Country), Holland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Holland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

15- Filed JUL 11 1917 191.... HARRY C. ANDREWS Registrar.

Burial To

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...July.... (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 24 191 7, to July 10 191 7, that I saw h.. alive on July 10 191 7, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(Duration) yrs. 10+ mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) J. B. Sprunt M. D.

July 10, 1917 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 17 da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 567 West 149th St New York City

19-PLACE OF BURIAL, OR REMOVAL, New York at.

DATE OF BURIAL, July 11, 1917

20-UNDERTAKER Albert E. Fuller

ADDRESS 221 W. Bway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

P 6633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 ✓

D 6633

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 N. Eden ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Kaus

(Residence in Baltimore: No. 925 N. Eden St St.; 70 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. May 5th, 1837 (Month) (Day) (Year)

7-AGE. 80 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Grocer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE. (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Kaus

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Klavizer

(Address) 925 N. Eden St.

15- Filed JUL 11 1917, 191... HARRY C. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July 10th 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 8th 1917, to July 10th 1917, that I saw ... alive on July 9th 1917, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Chronic Enteric Catarrh

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. E. Lonas M. D.

July 10th, 191 7. (Address) 1501 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, July 13, 191 7

20-UNDERTAKER Frank A. Fink — ADDRESS 715 N. Gay St

Spec.—8-24-14—M. & T.—2000 Blks.

D 6654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 6654

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 Aisquith St.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Quinn

(Residence in Baltimore: No. 734 Aisquith St. St.; 71 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 10, 1837
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
80 yrs. 3 mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Bernard Quinn

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margret Mc Tamney

(Address) 734 Aisquith St.

15- JUL 11 1917 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9th, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 9th, 1917, to July 9th, 1917, that I saw h— alive on 2 P.M. July 9th 1917, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Arter[illegible] & Chron. (Senile Heart with Nephritis.)

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos.

(Signed) Wilmer Brinton M. D.

July 9th, 1917. (Address) Calvert Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Marys. Govenstown	July 12, 1917.
20-UNDERTAKER Frank A. Fink	ADDRESS 915 N. Gay St.

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 6835

1-PLACE OF DEATH: Found floating at the Foot of Quay Alley. ST.; 22 WARD)

CITY OF BALTIMORE (No.....

2-FULL NAME: Unknown.(C)

(Residence in Baltimore: No. Unknown. St.; yrs., mos. ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Unknown.

6-DATE OF BIRTH, Do not know. ....., 1..... (Month) (Day) (Year)

7-AGE, about 30 .....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Unknown.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Do not know.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country), Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Otto M.Reinhardt.M.D.

(Address) Coroner.

15- Filed JUL 11 1917 191..... Serial Permit Clerk Registrar.

HARRY C. ANDREWS PUBLIC CEMETERY.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found July 6th. 1917. (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
probably accidental.
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

July, 10, 1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, ...

DATE OF BURIAL, JUL 10 1917, 19....

20-UNDERTAKER

ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11 6656 +108 11 6656

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Pulcher sa

(Residence in Baltimore: No. Mercy Hosp. St.: yrs., mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 17, 1858
(Month) (Day) (Year)

7-AGE, 59 yrs. 5 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 0

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Pulcher

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Luther

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Pulcher

(Address) Beaches St. Curtis Bay

15-JUL 11 1917 HARRY C. ANDREWS

Filed....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3 1917, to July 6 1917,
that I saw h.. alive on July 6 1917,
and that death occurred, on the date stated above, at 5.30 m.
The CAUSE OF DEATH* was as follows:

Nephritis

Pneumonia

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Ruptured Appendicitis

(Duration) yrs. 5 mos. ds.

(Signed) Thos. K. Galvin M. D.

July 8, 191 7. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Beaches St. Curtis Bay

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, July 11, 191 7.

20-UNDERTAKER ARMSTRONG-DENNY CO. — ADDRESS 715 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 D 6657

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Orleans St ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie BANDORF

(Residence in Baltimore: No. 1409 Orleans Street St.; 22 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH June — —, 1890
(Month) (Day) (Year)

7-AGE, 27 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housewife

9-BIRTHPLACE, (State or Country) Russia

PARENTS.

10-NAME OF FATHER, Simon Bart

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Jennie Kaplan

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levis

(Address) 1411 E. Baltimore St

15-

Filed JUL 11 1917, 191.. HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 191 7, to July 10 191 7, that I saw her alive on July 10 191 7, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. 2 mos. ds.

(Signed) W. J. Baylus M. D.

July 11, 191 7. (Address) 21 W. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Lehrun Woodlawn — DATE OF BURIAL, July 11, 191 7

20-UNDERTAKER Jack Levis — ADDRESS 1411 E. Balto

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6653

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6653

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 670 Rabarg St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalla Henson
(Residence in Baltimore: No. 670 Rabarg St.; yrs., 12 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 15 (Day), 1897 (Year)

7-AGE, 40 yrs. 2 mos. 23 da. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. Henson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mamie Poarch
(Address) 670 Rabarg St.

15-
Filed JUL 11 1917, 191... HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) ....yrs....mos....da.
CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....da.

(Signed) Albert D. Driscoll M. D.
(Coroner)
July 9, 191.. (Address) 312 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....da. In the State....yrs....mos....da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery
DATE OF BURIAL, July 11, 1917
20-UNDERTAKER Wood & Hooper
ADDRESS 609 Little Pacca

Spec.—7-24-14—M. & T.—2000 Bks.

D 6659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6659

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 Roslyn ave ST.; 15 WARD)

REGISTERED NO. C 50

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Warner

(Residence in Baltimore: No. 2302 Roslyn ave St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 20 (Day), 1859 (Year)

7-AGE, 58 yrs. 5 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Musician
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Illinois

PARENTS.

10-NAME OF FATHER, Portugal Warner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Josephine Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Warner (wife)

(Address) 2302 Roslyn ave

15-

Filed JUL 11 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 1916, to July 8 1917, that I saw h in alive on July 7 1917, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Diabetis and
Arterio Sclerosis

(Duration) yrs. 10 mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. C. Burns M. D.

July 8, 191.7 (Address) 2218 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Pk — DATE OF BURIAL, July 12, 191.7

20-UNDERTAKER Wm Cook — ADDRESS 1032 E. North Ave.

N.B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Eks.

D 6660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 ✓ D 6660

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 Lorraine Ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Payne

(Residence in Baltimore: No. 418 Lorraine Ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June 26 (Month) (Day), 1917 (Year)

7-AGE, yrs. 1 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Alvin M. Payne

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Stanford

13-BIRTHPLACE OF MOTHER (State or Country), Hanford Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alvin M. Payne

(Address) 418 Lorraine Ave

15-

Filed JUL 11 1917, 191.. HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to July 10 1917, that I saw h[illegible] alive on July 9 1917, and that death occurred, on the date stated above, at 12 Noon m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) yrs. mos. ds.

(Signed) Hubert F. Stutzman M. D.

July 10, 1917. (Address) 1227 W Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, July 11., 1917.

20-UNDERTAKER Wm. Cook ADDRESS 502 E. North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD

Stutzman 1227 W Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 E. Homburg ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucile M. Brueckleiser

(Residence in Baltimore: No. 27 E. Homburg St.; ..... yrs. 8 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Nov (Month) 7 (Day), 1908 (Year)

7-AGE, ... yrs. 8 mos. 3 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Grenger

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Katherine Brueckleiser

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Brueckleiser

(Address) 27 E. Homburg St

15- JUL 11 1917 Filed ....., 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1917, to July 10 1917, that I saw h[illegible] alive on July 9 1917, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Smith M. D.

7/10, 191.. (Address) 910 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. DATE OF BURIAL, July 11, 1917

20-UNDERTAKER M. D. Flynn ADDRESS 1422 Light

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER, WITH SPADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6662 — 104 — D 6662

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Clarkson ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence E Smith

(Residence in Baltimore: No. 1603 Clarkson St.; — yrs., — mos. — ds.)

Ino

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 10, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Harry Smith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Florence E. Bahlen

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Smith

(Address) 1603 Clarkson St

15- JUL 11 1917 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1917, to July 9 1917, that I saw h[illegible] alive on July 9 1917, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

.....

.....

.....(Duration)....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary) Convulsions

.....(Duration)....yrs....mos. 1 ds.

(Signed) R. F. Campbell M. D.

July 9, 191. (Address) 1642 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cem. DATE OF BURIAL, July 11, 191.7.

20-UNDERTAKER M. J. Flynn ADDRESS 1422 Eighth St

N. B.—Every item of information should be carefully supplied. Answers must be WRITTEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6663

CERTIFICATE OF DEATH.

D 6663

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N. Gilmor ST.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melissa Gee

(Residence in Baltimore: No. 211 N. Gilmor St.; 37 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.): Widowed

6-DATE OF BIRTH: June (Month) 11 (Day), 1841 (Year)

7-AGE: 76 yrs. 1 mos. ..... ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: ?

11-BIRTHPLACE OF FATHER (State or Country): ?

12-MAIDEN NAME OF MOTHER: ?

13-BIRTHPLACE OF MOTHER (State or Country): ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. S. Bozeman

(Address) 211 N. Gilmor

15-

Filed JUL 11 1917 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28 1917, to July 9 1917, that I saw her alive on July 8 1917, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Uterine Cancer involving Bladder & Rectum

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Septic Fever

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. H. Lamar M. D.

July 10, 1917 (Address) 1236 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: July 11, 1917

20-UNDERTAKER: Geo. A. Gerbig — ADDRESS: Balto & Fayette Sts.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6664 — 151 — D 6664

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 S Decker Av St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fedor Kovolevich

(Residence in Baltimore: No. 1230 S Decker Av St.; ....yrs., ...mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 27 (Day) 1917 (Year)

7-AGE, ...yrs....mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joachim Kovolevich

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Dora Busch

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joshua Kovolevich

(Address) 1230 S. Decker Ave.

15- Filed JUL 11 1917 191... Harry C. Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 191 7, to July 10 191 7, that I saw h.. alive on July 10 191 7, and that death occurred, on the date stated above, at 5 Pm.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

of 1½

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Uremia Nonatonum

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. D. Kalamaras M. D.

....., 191... (Address) 1116 S. Kenwood Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, July 11, 1917.

20-UNDERTAKER W. F. Sadowski ADDRESS 903 S. Ann St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

D 6665

HEALTH DEPARTMENT—CITY OF BALTIMORE

146 D 6665

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Schultz

(Residence in Baltimore: No. 404 N. Montford Ave St.; 15 yrs., 5 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... June (Month) 26 (Day), 1902 (Year)

7-AGE, 15 yrs. 5 mos. 13 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Errand Boy
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Straw Hat Factory

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER John Frederick Schultz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Hattie Mueller

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Schultz

(Address) 404 N. Montford Ave

15- Filed JUL 11 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 1917, to July 9 1917, that I saw h[illegible] alive on July 9 1917, and that death occurred, on the date stated above, at 6.45 A.M.

The CAUSE OF DEATH* was as follows:

Acute Frontal Sinusitis

(Duration) ..... yrs. ..... mos. 1/4 ds.

CONTRIBUTORY (Secondary) Necrosis of Frontal Bone

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Israel Steinberg M. D.

July 9, 1917. (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Presumably

Former or usual residence 404 N. Montford Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery | DATE OF BURIAL, July 11, 1917

20-UNDERTAKER Christian Miller | ADDRESS 2384 Jefferson

N.B.—Every item of information should be carefully supplied. ACCURATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

D 6666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

184 D 6666

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6237 N. Robinson ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda Ruth

(Residence in Baltimore: No. 6237 N. Robinson St. Yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 16 (Month) (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
yrs. 6 mos. 25 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Louis N. Ruth

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary A. Schlenfuer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis N. Ruth

(Address) 6237 N. Robinson st

15- JUL 11 1917 Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1917, to July 11th 1917, that I saw h.. alive on July 10th 1917 and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Ileo-colitis (acute)

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Frank J. Ard M. D.

July 11, 1917. (Address) 1929 E. Monument St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Alphonsus Cemetery	July 12, 1917.
20-UNDERTAKER	ADDRESS
Christian Muller	533 Hilton st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6667

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6667

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Fulton Ave. to 20 — REGISTERED NO. C .....

CITY OF BALTIMORE (No. Methodist Home Franklin ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Mary Elizabeth Greenfield

(Residence in Baltimore: No. Fulton Ave. Franklin St.; 77 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR OR RACE: White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): single

6. DATE OF BIRTH: July 9 (Month) (Day), 1839 (Year)

7. AGE: 81 yrs. - 3 mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Nun
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9. BIRTHPLACE (State or country): Baltimore City

PARENTS

10. NAME OF FATHER: Caleb Greenfield

11. BIRTHPLACE OF FATHER (State or country): Baltimore Co Md

12. MAIDEN NAME OF MOTHER: Anne Wilworth

13. BIRTHPLACE OF MOTHER (State or country): Baltimore Co Md

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rebekah Newspaper

(Address) Methodist Home

15. Filed JUL 11 1917, 191 ..... HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: July (Month) 10 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1917, to July 10 1917, that I saw her alive on July 9, 1917, and that death occurred, on the date stated above, at 3.40 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 4 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edmund Cummins M. D.

July 11, 1917 (Address) 2104 Harrison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 10 yrs. ..... mos. ..... ds. In the State 10 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at the Home

Former or usual residence —

19. PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery | DATE OF BURIAL: July 12, 1917

20. UNDERTAKER: Geo J Smith | ADDRESS: 1000 Fayette st

Spec.—8-24-14—M. & T.—2000 Bks.

D 6668

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6668

CERTIFICATE OF DEATH.

110

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 723 N Carey ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Ann Pender

(Residence in Baltimore: No. 723 N Carey St

St.; — yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May 7, 1807
(Month) (Day) (Year)

7-AGE, 110 yrs. 2 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Thomas Alexander

11-BIRTHPLACE OF FATHER (State or Country), English

12-MAIDEN NAME OF MOTHER Heckwood

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Anderson

(Address) 723 N. Carey St

15-

Filed JUL 11 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1917, to July 10 1917, that I saw h[illegible] alive on July 8 1917, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage from Paralysis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) John T. Crean M. D.

7-11 1917 (Address) 10 W. Mt. Vernon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, July 13 1917

20-UNDERTAKER Geo J. Smith

ADDRESS 1000 Hayden

Spec.—8-24-14—M. & T.—2000 Bks.

D 6669

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

D 6669

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 N Port ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josef Horky

(Residence in Baltimore: No. 803 N Port St.; ....yrs., 10 mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 10 (Day), 1916 (Year)

7-AGE, ...yrs. 10 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Josef Horky

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Agnes Dobkal

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Horky

(Address) 803 N Port St

15- Filed JUL 11 1917, 191... ROBERT B. KRAUTH Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 191 7, to July 10 191 7, that I saw h.. alive on July 10 191 7, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) A. J. Krauss M. D.

July 12, 191... (Address) Bond Street

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oak Hill

DATE OF BURIAL, July 12 191 7

20-UNDERTAKER Frank Enoch & Son

ADDRESS 1906 Eastland

Spec.—8-24-14—M. & T.—2000 Bks.

Anna C. Ridgley

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6670

109

D 6670

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Conn Ridgley

(Residence in Baltimore: No. Mercy Hosp. St.; ....yrs., ...mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Negress

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. 22 (Month) (Day), 1880. (Year)

7-AGE, 36 yrs. 8 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Kemper

11-BIRTHPLACE OF FATHER (State or Country) Easton Md

12-MAIDEN NAME OF MOTHER Laura Keyser

13-BIRTHPLACE OF MOTHER (State or Country), Easton Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Ridgely

(Address) 229 S. Durham St

15- Filed JUL 11 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1917, to July 9 1917, that I saw her alive on July 9 1917, and that death occurred, on the date stated above, at 3.45 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Tubo-ovarian abscess

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. K. Eakins M. D.

July 11, 1917. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 229 S. Durham St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rock Cem. Co. Md. DATE OF BURIAL, July 11th, 1917.

20-UNDERTAKER Harry A. Vodery ADDRESS 1726 Orleans St

Spec.—5-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6671 — 113 — D 6671

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 E 27th ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Griebel

(Residence in Baltimore: No. 511 E 27th St.; 61 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Feb. 4th, 1855 (Month) (Day) (Year)

7-AGE, 62 yrs. 5 mos. 8 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery Business

9-BIRTHPLACE, (State or Country), Baltimore Co.

PARENTS.

10-NAME OF FATHER, John F. Griebel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Reese

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irene Arrington

(Address) 511 E. 27th St.

15-
Filed JUL 11 1917, 191.... ROBERT D. KRAUTER
Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8th 1917, to July 11th 1917, that I saw h.. alive on July 11th 1917, and that death occurred, on the date stated above, at 12.05 Noon m.

The CAUSE OF DEATH* was as follows:

Hepatic Carcinosis
Atrophy Cirrhosis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) ? yrs. ..... mos. ..... ds.

(Signed) Thos. Turner Gerrard M. D.

July 11th, 1917. (Address) 733 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, July 14th, 1917

20-UNDERTAKER Mr. & Mrs. John H. Teufel — ADDRESS 30 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6672

CERTIFICATE OF DEATH.

110

REGISTERED No. C D 6672

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 St. Paul St. St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ellen Igo

(Residence if in Baltimore: No. 1611 St. Paul Street St.; 60 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, September 16, 1842 (Month) (Day), 1 (Year)

7-AGE, 74 yrs. 9 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Liverpool England

PARENTS.

10-NAME OF FATHER, John A. Cross

11-BIRTHPLACE OF FATHER (State or Country), Liverpool, England

12-MAIDEN NAME OF MOTHER Annie E. Joyce

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Harry Igo

(Address) 1611 St. Paul St.

15- Filed JUL 11 1917, 191 ROBERT R. KRAUTH Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 191 7, to July 9 191 7, that I saw h alive on July 6 191 7, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
Incarcerated Umbilical Hernia

(Cause sole) (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & edema

(Duration) unknown yrs. mos. ds.

(Signed) Martin O'Connor, M. D.

July 10, 1917 (Address) 5th E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....dc. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, 7/12, 191 7

20-UNDERTAKER McMurray & Mears

ADDRESS 805 N. Calvert

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6673

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 Mosher ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Ludwig

Residence in Baltimore: No. 1335 Mosher St.; 50 ? ? yrs., mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... January ? ....., 1839
(Month) (Day) (Year)

7-AGE, 78 yrs. ? mos. ? ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, William Ludwig

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Sarah Seitz

13-BIRTHPLACE OF MOTHER (State or Country) Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm F Ludwig

(Address) 1000 W Lafayette ave

15- ROBERT B. KRAUTER

Filed JUL 11 1917 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 11 191 7, to July 11 191 7, that I saw h alive on July 10 191 7, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Chronic Pancreatitis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jas. Bruce M. D.

7/11, 191 7 (Address) 1837 Penna ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence ✓

19-PLACE OF BURIAL OR REMOVAL, Shrewsbury Pa. | DATE OF BURIAL, July 12, 1917.

20-UNDERTAKER Stewart & Bowen Co | ADDRESS 108 W Mt Royal Ave

Dr Paul Bruce 1837 Penna ave

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

• Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 6074

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St., 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Beveridge.

(Residence in Baltimore: No. 1629 N Calhoun St.; 40 yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1857 (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... 010

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Nothnown.

12-MAIDEN NAME OF MOTHER Nothnown.

13-BIRTHPLACE OF MOTHER (State or Country). Nothnown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Q. Thomas.

(Address) 1629 N. Calhoun

15-

Filed JUL 13 1917 101 Burial Permit Clerk

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1917, to July 10 1917, that I saw h.. alive on July 10th 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry F Brown M. D.

July 10 1917 (Address) 1501 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 18 ds. In the State 40 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Nothnown

Former or usual residence 1629 N Calhoun St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, July 13 1917

20-UNDERTAKER Samuel L Handley — ADDRESS 5 Bu...

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6675

CERTIFICATE OF DEATH.

91

D 6675

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Linden Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen C. Wells

(Residence in Baltimore: No. 1004 Linden Ave. St.: Yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: March (Month) ..... (Day), 1917 (Year)

7-AGE: ..... yrs. 4 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Stephen Wells

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Bessie Sivers

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Sivers

(Address) 1004 Linden Ave.

15-

Filed ..... JUL 12 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 1917, to July 11 1917, that I saw h— alive on July 11 1917, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (Primary) ..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw. J. Wheeler M. D.

7/12, 191.7 (Address) 1230 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL, July 13, 191.7

20-UNDERTAKER: Samuel Hensley

ADDRESS: 5 Hanover

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD)

D 607G

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 607G

CERTIFICATE OF DEATH.

28

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 815 Hanover St. ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Newman.(C)

(Residence in Baltimore: No. 10 W.Church St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored	Unknown.

6-DATE OF BIRTH, Do not know. ....., 1 .....
(Month) (Day) (Year)

7-AGE, about 50 ....yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Do not know.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country), Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Otto M.Reinhardt.M.D.
(Address) Coroner.

15-
Filed ....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 5th.1917. ....., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....
(Duration) ....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)
July 10, 1917 (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs.....mos.....ds. In the State....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND	JUL 11 1917, 19....
20-UNDERTAKER	ADDRESS
Commissioner Health	

JUL 12 1917
HARRY C. ANDREWS
Burial Permit Clerk

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4974

Mo Spruce

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71 D 6072

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1012 Lamont St.: 7 WARD)

2-FULL NAME Fortunata Bronica

(Residence in Baltimore: No. 1012 Lamont St. 1 yrs., 3 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Baby

6-DATE OF BIRTH, Mar. 18, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto,

PARENTS.

10-NAME OF FATHER, John Bronica

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Corgi Conrada

13-BIRTHPLACE OF MOTHER (State or Country). Italy,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Angela Bronica

(Address) 1012 Lamont

15-

Filed JUL 12 1917, 191.... HARRY C. ANDREWS Asst. Clerk Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage,

Acute Untreamia,

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) [illegible] M. D.
(Coroner.)

July 11th 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. [illegible] DATE OF BURIAL, July 12, 1917

20-UNDERTAKER [illegible] ADDRESS 1317 Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6678

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 D 6678

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John. R. Hetz Jr.

(Residence in Baltimore: No. 1 N. Luzerne Ave ST.; Lib... yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June 15th, 1914
(Month) (Day) (Year)

7-AGE, 3 yrs. — mos. 25 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John. R Hetz

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Elis M Metzger

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John R Hetz

(Address) 1 N. Luzerne Ave

15-

Filed JUL 12 1917 191.. HARRY C. ANDREWS Burial Permit Registrar.

JUL 12 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10th, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 9th 1917, to July 10th 1917, that I saw him alive on July 10th 1917, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Tonsillectomy for
Hypertrophied Tonsils
(Duration) .... yrs. 13 hrs mos. .... ds.

CONTRIBUTORY (Secondary) Post Operative Shock
(Duration) .... yrs. 4 hrs mos. .... ds.

(Signed) H. Barkin M. D.

July 10, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 1 ds. In the State 3 yrs. .... mos. 25 ds.

Where was disease contracted, if not at place of death? 1 N. Luzerne Ave

Former or usual residence 1 N. Luzerne Ave

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, July 12, 1917

20-UNDERTAKER John A Mowen — ADDRESS Bank & Ann Sts.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER, WITH ONE CARBON INK—THIS IS A PERMANENT RECORD

D 6679

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 6679

REGISTERED NO. C .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1221 Ettng ..... St.; 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Johnson

(Residence in Baltimore: No. 1221 Ettng st ..... St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Col	Married

6-DATE OF BIRTH March 20, 1854 (Month) (Day) (Year)

7-AGE 63 yrs. 3 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Md.

PARENTS

10-NAME OF FATHER Emerick Peters

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Matilda Price

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William J Thomas

(Address) 1221 Ettng St.

15 JUL 12 1917 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July 10, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1917, to July 10 1917, that I saw h[illegible] alive on July 10, 1917, and that death occurred, on the date stated above, at 4.40 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) 2 yrs. ..... mos. 5 ds

Contributory (SECONDARY) Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Edw V Fitzgerald M.D.

7/10, 1917 (Address) 1118 Eutaw Street

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cmtry

DATE OF BURIAL July 13, 1917

20-UNDERTAKER Geo A Holland

ADDRESS 631 D. H. ave

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6680

CERTIFICATE OF DEATH.

120

D 6680

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 N. Eutaw ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Johnson

(Residence in Baltimore: No. 927 N. Eutaw St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col	widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE.	If LESS than 1 day.
68 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Chris. Gibson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. J. Johnson

(Address) 927 N. Eutaw

15- JUL 12 1917 Filed ....., 191.... HARRY J. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1917, to July 10 1917, that I saw h[illegible] alive on July 8th 1917, and that death occurred, on the date stated above, at 3 h m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 6 yrs. ..... mos. ..... ds.

(Signed) Jno. G. Shiel M. D.

July 12, 1917 (Address) 204 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Laurel Cemetery	July 13, 1917
20-UNDERTAKER Jno A Holland	ADDRESS 631 D, H Ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—5-19-13—M. & T.—500 Blks.

D 6681

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6681

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Etting St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Carter

(Residence in Baltimore: No. 1812 Etting St.: 22 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, ~~Single~~ MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Jan 1, 1875 (Month) (Day) (Year)

7-AGE, 42 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Laborer 74 (b) General nature of industry, business, or establishment in which employed (or employer): Stevedore

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Washington Carter

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Carter

(Address) 1812 Etting St

15- Filed JUL 12 1917, 191.... HARRY O. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1917 to July 11 1917, that I saw him alive on July 11th 1917, and that death occurred, on the date stated above, at 7.20 a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

(Signed) D. Grant Scott M. D.

7-11-, 1917. (Address) 3549 W. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cem. DATE OF BURIAL, July 15 191 7

20-UNDERTAKER Geo H Holland ADDRESS 163 D, H Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 6682

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6682

CERTIFICATE OF DEATH.

50

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Ramsey ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine M. Zentner

(Residence in Baltimore: No. 1249 Carrol St St.; Life yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 12 (Day), 1898 (Year)

7-AGE, 19 yrs. 2 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Andrew Zentner

11-BIRTHPLACE OF FATHER (State or Country), Balt Md

12-MAIDEN NAME OF MOTHER Maggie Geiser

13-BIRTHPLACE OF MOTHER (State or Country), Balt md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Zentner

(Address) 1249 Carroll St

15-

Filed JUL 12 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9 1917, to July 9 1917, that I saw her alive on July 9 1917, and that death occurred, on the date stated above, at 11.45 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

I saw the case four times from 8 AM to 11.15 P.M., consulted Coroner Edelmund as to this outbreak (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Coma (Duration) 11 hours yrs.....mos.....ds.

(Signed) Chas A Schaefer M. D.

July 10, 1917. (Address) 2013 W. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Lauder Park Cemetery

DATE OF BURIAL, July 12, 1917.

20-UNDERTAKER Geo Lemmbeck & Son

ADDRESS 647 W Pratt St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

D 6683

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6683

CERTIFICATE OF DEATH.

105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1144 Shields alley ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy May Whittington

(Residence in Baltimore: No. 1144 Shields Alley St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 27 (Day), 1915. (Year)

7-AGE, 2 yrs. 0 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Robert Whittington

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER Irene Harvey

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irene Whittington

(Address) 1144 Shields alley

15- JUL 12 1917 191... HARRY C. ANDREWS Burial Permit Clerk

Filed..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 16th 1917, to July 10 1917, that I saw her alive on July 9th 1917, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Enteritis

Enteritis & Diarrhoea

..... (Duration) .....yrs. .....mos. 25 ds.

CONTRIBUTORY (Secondary) unknown

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) W. C. Caudell M. D.

July 10, 1917 (Address) 1369 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery | DATE OF BURIAL, July 13 1917

20-UNDERTAKER James H. Dennis | ADDRESS 303 Forstman

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHEN PRINTED, THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6684 — 28 — D 6684

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1238 Orleans ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elias M. Maxwell

(Residence in Baltimore: No. 1238 Orleans St.; 10 yrs., mos., da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	colored	Married

6-DATE OF BIRTH, Aug. 12 (Month) (Day), 1878 (Year)

7-AGE, 38 yrs. 10 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Linda M. Maxwell

(Address) 1238 Orleans

15- Filed JUL 12 1917 191..... HARRY C. ANDREW Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 191 7, to July 11th 191 7, that I saw h.m alive on July 11th 191 7, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Anemia

(Duration) yrs. 3 mos. ds.

(Signed) Linda M. Maxwell M. D.

July 11th 191 7 (Address) 1238 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery DATE OF BURIAL, July 13, 191 7

20-UNDERTAKER Chas. N. Johnson ADDRESS 1128 E. Baltimore St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6685

CERTIFICATE OF DEATH.

37 D 6685

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 ½ Edw St.; 5 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert White

(Residence in Baltimore: No. 507 Edw St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	colored	Married

6-DATE OF BIRTH, Unknown, 1895
(Month) (Day) (Year)

7-AGE, 22 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION: 023
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Farm

9-BIRTHPLACE, (State or Country), Balto Co

PARENTS.

10-NAME OF FATHER, Geo A White

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Nellie Carter

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie J White

(Address) 507 N Edw St

15- JUL 12 1917 HARRY C. ANDREWS Registrar.
Filed ....., 191.... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1917, to July 9 1917, that I saw h[illegible] alive on July 9 1917, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis
8 days
Acute articular Rheumatism
(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Syphilis
Duration yrs. mos. ds.

(Signed) Edward Fisher M. D.

July 10 1917 (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery — DATE OF BURIAL, July 13 1917

20-UNDERTAKER Chas G Bailey — ADDRESS 1421 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 6686

CERTIFICATE OF DEATH

120

D 6686

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 524 Orchard ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mamie R. Hawkins

(Residence in Baltimore: No. 524 Orchard St. St. Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Unknown (Month), ... (Day), 1874 (Year)

7 AGE: 43 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): at Service

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: N. Clay Hawkins

11 BIRTHPLACE OF FATHER (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Mary A. Bias

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Hawkins

(Address) 524 Orchard St

15 Filed JUL 12 1917 191 HARRY C. ANDREW Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 9th (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from April 3rd, 1917, to July 9th 1917.
that I saw her alive on July 9th, 1917, about 7:30 p.m.
and that death occurred, on the date stated above, at 7:30 p.m.
The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

Over

at least (Duration) ..... yrs. 2 mos. ..... ds

Contributory (SECONDARY) Uremic poisoning,

(Duration) ? yrs. ..... mos. ..... ds.

(Signed), Edwin C. Price, M. D.

July 12, 1917 (Address) 1012 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cem	July 13 1917

20 UNDERTAKER: Paul Feely ADDRESS: 518 W Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

D 6687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41

D 6687

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Warner ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Lucas

(Residence in Baltimore: No. 624 Warner St.; ...yrs., 8 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 3 (Month), ... (Day), 1880 (Year)

7-AGE, 37 yrs. — mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), Richmond Va

PARENTS.

10-NAME OF FATHER, William Fanning

11-BIRTHPLACE OF FATHER (State or Country) Richmond Va

12-MAIDEN NAME OF MOTHER Mary Henriet

13-BIRTHPLACE OF MOTHER (State or Country), Richmond Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dear Daniel

(Address) 624 Warner St

15- JUL 12 1917 Filed....., 191... ROBERT B. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 28 191 6, to July 9 191 7, that I saw h Er alive on July 9 191 7, and that death occurred, on the date stated above, at 2P m.

The CAUSE OF DEATH* was as follows:

Pineal Carcinomata

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) 0130

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H S McCard M. D.

July, 1917. (Address) 2005 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Richmond Va — DATE OF BURIAL, July 12, 1917.

20-UNDERTAKER Geo H Cooper — ADDRESS 609 Little Paca St

E D Price

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6688

CERTIFICATE OF DEATH.

79 D 6683

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Jno Hopkins Hospital ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Schwartzkopf

(Residence in Baltimore: No. 1228 N. Wolfe St.)

St.; .....yrs. .....mos. .....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	married

6-DATE OF BIRTH, ... May 6 ....., 1857.
(Month) (Day) (Year)

7-AGE, 60 yrs. 1 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 228

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jno. Schwartzkopf

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lorch

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Jno Hopkins Hospital

15- Filed JUL 12 1917 191... ROBERT B. KRAUTER REGISTRAR.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 10 ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1917, to July 10 1917, that I saw h.. alive on July 10 191.., and that death occurred, on the date stated above, at 1.50 p.m.

The CAUSE OF DEATH* was as follows:
Myocardial insufficiency following arteriosclerosis and hypertension and adherent pericardium

..... (Duration) ....yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary).....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Allan G. Sutton M. D.

July 12, 191.. (Address) Jno Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos. 15 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 228 N Wolfe St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, July 13 191..

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

D 6089

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6089

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 390 E Belvan St., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James R. Kilgore

(Residence in Baltimore: No. 390 E Belvan St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... Dec (Month) 5 (Day) 1870 (Year)

7-AGE: 46 yrs. 7 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Samuel Kilgore

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Mary Neal

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Walker

(Address) 390 E Belvan

15- Filed JUL 12 1917, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 11 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 8 1917, to July 11 1917, that I saw h[illegible] alive on July 10 1917, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Appendicitis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) ....yrs. ....mos. ....ds.

(Signed) C R Davis M. D.

....., 191... (Address) 923 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dulaney — DATE OF BURIAL, July 13, 1917

20-UNDERTAKER W. Theodore Bos — ADDRESS Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr. C R Davis - Mother's Consultation

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6690 — 151 — D 6690

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 64 Darby St. ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Geo. Otten & Oda Armentrout

(Residence in Baltimore: No. 64 Darby St. St.; ....yrs.. ....mos. 10 hours dc.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... July (Month) 12 (Day), 1917 (Year).

7-AGE, ...yrs. .....mos. 10 hours dy. | If LESS than 1 day, ...hrs. or .....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Geo. Otten

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Oda Armentrout

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oda Armentrout

(Address) 64 Darby St.

15- JUL 12 1917 Filed....., 191... ROBERT B. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 7 (Month) 12 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 7-11 1917, to 7-12 1917, that I saw her alive on 7-12 1917, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Premature Gestation

(Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary) Mother Failing

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. F. Kemper M. D.

7/12, 191.. (Address) 3701 Hotaling

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hanover | DATE OF BURIAL, July 13, 191.7

20-UNDERTAKER Horace Burgee & Son | ADDRESS 3631 Hallo Road

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6691 — 28 — D 6691

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 W Dallas St. ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Madeline L Walsh

(Residence in Baltimore: No. 1008 W Dallas St. St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, January (Month) 26 (Day), 1902 (Year)

7-AGE, 15 yrs. 5 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Harvey Walsh

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Buddenbaum

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicholas Lamp

(Address) 1008 W Dallas St.

15- Filed JUL 12 1917, 191.... ROBERT P. KRAUS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb- 3, 1917, to July 10, 1917, that I saw her alive on July 10, 1917, and that death occurred, on the date stated above, at 4 10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 4 yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edwin B. Stanby M. D.

July 11, 1917 (Address) 1223 N. Carolina St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Emanuel Cem. — DATE OF BURIAL, July 12, 1917

20-UNDERTAKER Robt D Bruce — ADDRESS 1492 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186 D 6692

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Florence E Roberts

(Residence in Baltimore: No. 1345 N. Gay St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Oct 8, 189 (Month) (Day) (Year)

7-AGE, 27 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book binder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Thomas W. Burkett

11-BIRTHPLACE OF FATHER (State or Country): Balto.

12-MAIDEN NAME OF MOTHER: Eliz. Wiseman

13-BIRTHPLACE OF MOTHER (State or Country): Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. Burkett

(Address) 1345 Gay

15- ROBERT N. KRAUSE

Filed JUL 12 1917 191 Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis following an abortion produced either by herself or some one unknown to me (Duration) about one day.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) W. J. Riley M. D. (Coroner.)

July 12, 1917. (Address) 1637 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL, July 15, 1917

20-UNDERTAKER Clark & Skinner ADDRESS 1441 N Pine

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PENCIL, WITH CHANGING

Spec.—8-24-14—M. & T.—2000 Blks.

D 6693

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6693

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1522 N. Mount ST. 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Dorsey

(Residence in Baltimore: No. 1522 N. Mount St.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Aug 12th 1889 (Month) (Day) (Year)

7-AGE, 27 yrs. 10 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Laborer 040 (b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Dorsey.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Julia Green

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Dorsey

(Address) 1522 N. Mount

15- Filed JUL 12 1917 191.... ROBERT P. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10th 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20th 1917, to July 10th 1917, that I saw h alive on July 9th 1917, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Tuberculosis

(Duration) 6 mos.

CONTRIBUTORY (Secondary) .....

(Duration) .....

(Signed) Harry F. Brown M. D.

July 10, 1917. (Address) 15 W Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery

DATE OF BURIAL, July 13 191.7

20-UNDERTAKER James H. Dennis

ADDRESS 1303 main

Cemetery Front

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43 D 6694

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1304 Bruce ST. 15 WARD)

2 FULL NAME Maggie Johnson

(Residence in Baltimore: No. 1304 Bruce St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	colored	Married

6-DATE OF BIRTH, Dec. (Month) 6 (Day), 1 (Year)

7-AGE, 48 yrs. 9 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 870

9-BIRTHPLACE, (State or Country), Carroll Co. Md

PARENTS.

10-NAME OF FATHER, Joseph Knott

11-BIRTHPLACE OF FATHER (State or Country), Colored Carroll Co Md

12-MAIDEN NAME OF MOTHER Annie Ireland

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Knott

(Address) 1304 Bruce St

15- Filed JUL 12 1917, 191.... ROBERT B. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

clinical (Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) C. Edw. Smith M. D. (Coroner.)

7-12-, 1917 (Address) 910 Eight St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Carrollton Carroll co md | DATE OF BURIAL, July 13, 1917.

20-UNDERTAKER James H. Dennis | ADDRESS 1303 Frenstman Av.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

877

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6695

CERTIFICATE OF DEATH.

79 D 6695

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2617 E Oliver ST.: 8 WARD) REGISTERED No. C

2-FULL NAME William G. Flanigan

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2617 E Oliver St St.; 9 yrs.. mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, May (Month) 1 (Day), 1835 (Year)

7-AGE, 82 yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Gardener
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Wm Flanigan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Grace Gallagher

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. F. J. Flanigan

(Address) St Anns Rectory Freemont av

15- Filed JUL 12 1917, 191.. ROBERT B. KRAUTH Registrar. BURIAL PERMIT Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 191 7, to July 11 191 7, that I saw him alive on July 10 191 7, and that death occurred, on the date stated above, at 11.10 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 3 yrs. 6 mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Cystitis

arterio-Sclerosis

(Duration) yrs. mos. ds.

(Signed) B. P. Herbst M. D.

July 14, 191 7 (Address) 1304 Park Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park DATE OF BURIAL, July 13, 191 7

20-UNDERTAKER: Jos. L. Kemp & Sons ADDRESS 131 W. Lexington St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

134 D 6696

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Mc Elderry ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine L Kaufman

(Residence in Baltimore: No. 1919 Mc Elderry St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, February 10, 1873 (Month) (Day) (Year)

7-AGE, 44 yrs. 5 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Cornelius G Bento

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia Shultz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Kaufman

(Address) 1919 Mc Elderry St

15- Filed JUL 12 1917, 191.... ROBERT B. KRAUTH Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 191 7, to July 10 191 7, that I saw h alive on July 10 191 7, and that death occurred, on the date stated above, at 6-53 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Paresis

following 4½ mos Miscarriage (Accidental)

(Duration) yrs. 4 mos. 0 ds.

CONTRIBUTORY (Secondary) Abscess Thrombosis Pelvis

d. (Duration) yrs. mos. 2 ds.

(Signed) Edward Boos M. D.

July, 191 7 (Address) 4137 Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, July 13, 191 7

20-UNDERTAKER Geo M. Fiser ADDRESS 811 N Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

391

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 6697

REGISTERED No. C 9 D 6697

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2017 Bank ST. 2 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Harry Barrows

(Residence in Baltimore: No. 2017 Bank st St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Nov 5, 1916 (Month) (Day) (Year)

7 AGE: yrs. 8 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Harry Barrows

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Marie Linke

13 BIRTHPLACE OF MOTHER (State or country): Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry Barrows

(Address) 2017 Bank St.

15 Filed JUL 12 1917, 191 ROBERT B. KRAUTER REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 12th, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1917, to July 12 1917, that I saw him alive on July 12th, 1917, and that death occurred, on the date stated above, at ? ? m.

The CAUSE OF DEATH* was as follows:

Septhemia

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY) Carcinoma Carcinoma

(Duration) yrs. mos. ds.

(Signed) A L Trumbower M. D.

July 2 1917 (Address) 2013 Bank St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Int. Carrollton DATE OF BURIAL: July 13, 1917

20 UNDERTAKER: J. G. Moran ADDRESS: 3000 E Balto St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

D 6698

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 13 W.York St. St.; 22 WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Bird. (C)

(Residence in Baltimore: No. 13 W.York St. St.; yrs., 5 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored.	Single

6-DATE OF BIRTH, February 4th. 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Daniel Bird.(C)

11-BIRTHPLACE OF FATHER (State or Country), Virginia.

12-MAIDEN NAME OF MOTHER Bell Carter.(C)

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Bell Carter.(C)mother.
(Address) 13 W.York St.

15- JUL 13 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14th.1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Cholera Infantum.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. M. Rennebaum (Coroner) M. D.

July.12,1917. (Address) 1017 S.Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, July 13 1917

20-UNDERTAKER John H Bradwin — ADDRESS 142 Ostiel St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

D 6699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 D 6699

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Univ Hosp. St.; 7 Ward)
REGISTERED NO. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhemina Harris
(Residence in Baltimore: No. ~~Mt Royal Place~~ 320 N Bond St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female
4-COLOR OR RACE, Black
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed
6-DATE OF BIRTH, Unknown (Month) (Day) 1869 (Year)
7-AGE, 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.?
8-OCCUPATION: (a) Trade, profession, or particular kind of work Cook (b) General nature of industry, business, or establishment in which employed (or employer) Private family
9-BIRTHPLACE, (State or Country), Maryland

PARENTS.
10-NAME OF FATHER, James Harris
11-BIRTHPLACE OF FATHER (State or Country), Maryland
12-MAIDEN NAME OF MOTHER Virginia Johns
13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Ida Armstrong
(Address) 320 N Bond

15- Filed JUL 13 1917 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1917 (Year)
17- I HEREBY CERTIFY, That I attended deceased from July 10 1917, to July 12 1917, that I saw her alive on July 12 1917, and that death occurred, on the date stated above, at 10 HOUR m.
The CAUSE OF DEATH* was as follows:
Gangrenous Appendicitis
Toxemia
Localized Peritonitis
(Duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed) B. B. Brumbaugh M. D.
July 12, 1917. (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 2 ds. In the State 48 yrs. mos. ds.
Where was disease contracted, if not at place of death? Mt. Royal Place.
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Conn — DATE OF BURIAL, July 14, 1917
20-UNDERTAKER John H Ivadore — ADDRESS 122 Ostrich St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6700 D 6700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Hanover ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Goldie Bauer

(Residence in Baltimore: No. 612 Hanover St.; 30 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan (Month), 15 (Day), 1865 (Year)

7-AGE, 52 yrs. 5 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Horse
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Charles Bauer

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Annie Rostersky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Simon M. Bauer

(Address) 612 Hanover

15-

JUL 13 1917

Filed....., 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month), 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1912, to July 13, 1917, that I saw h er alive on July 12, 1917, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Diabetes Mellitus

(Duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(Duration) 5 yrs. — mos. — ds.

(Signed) Ward Franklin M. D.

7/13/, 191.7 (Address) 122 W. Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Rd. DATE OF BURIAL, 7/13, 191.7

20-UNDERTAKER Jack Levin's ADDRESS 1411 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 6701

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 6701

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 S. Bond ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leokadia Kosakowska

(Residence in Baltimore: No. 434 S. Bond St.; ....yrs., 7 mos. 23 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, November 20, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 23 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jean Kosakowski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Mariana Dworzik

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jean Kosakowski

(Address) 434 S. Bond St.

15-

Filed JUL 13 1917, 191.... ROBERT C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9 1917, to July 12 1917, that I saw h.r alive on July 12 1917, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Gastro Enteritis

..... (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Diarrhea

..... (Duration) ....yrs. ....mos. 5 ds.

(Signed) H. Bernstein M. D.

July 13, 1917. (Address) 722 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rozary	July 13, 1917

20-UNDERTAKER	ADDRESS
Jacob Fial Kowski	428 E Bond St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6703

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6703

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Thames ST.; ... WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Skarbek.

(Residence in Baltimore: No. 1626 Thames St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) M

6-DATE OF BIRTH, July (Month) 13 (Day), 1917 (Year)

7-AGE, 15 minutes yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or 15 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacent. Skarbek.

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Julia Cimmick

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacent. Skarbek

(Address) 1626 Thame

15- Filed JUL 13 1917 191.. HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 191 7, to July 13 1917, that I saw h[illegible] alive on July 13 1917, and that death occurred, on the date stated above, at 12-05 P.M.

The CAUSE OF DEATH* was as follows:

Prematur Birth

6 mo. Conception

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Fell. Mother

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Wm. [illegible] M. D.

July 13 191 7. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, July 13 191 7

20-UNDERTAKER Wm Frackowiak — ADDRESS 1618 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bka.

D 6703 × 40 D 6703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. St Joseph Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Anna Clark

(Residence in Baltimore: No. St Jos Hospital St.; — yrs., — mos. 14 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April ? 1852
(Month) (Day) (Year)

7-AGE, 65 yrs. 3 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Philadelphia Penna

PARENTS.

10-NAME OF FATHER, Robert Bevans

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER, Rachel Goulding

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Captain John A. Clark

(Address) 1012 Roland Heights Ave.

15-

Filed JUL 13 1917, 191.... HARRY C. ANDREWS Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27 1917, to July 11 1917, that I saw h[er] alive on July 11 1917, and that death occurred, on the date stated above, at 6P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bile Passages & Liver

(Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. F. Quigley Jr. M. D.

July 11, 1917. (Address) St Jos Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Heathbrook Md

Former or usual residence 1012 Roland Heights Ave.

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, July 14th, 1917

20-UNDERTAKER William Cook — ADDRESS 502 E. North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6701

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6701

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Eutaw St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence L. Belschner

(Residence in Baltimore: No. 2137 Woodbury Ave. St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE 39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Numbering Machine
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Belschner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Sarah Hafter

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elsie Belschner

(Address) 2137 Woodbury Ave

15- Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

JUL 13 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1917, to July 12 1917, that I saw h[illegible] alive on July 12 1917, and that death occurred, on the date stated above, at 6:50 A m.

The CAUSE OF DEATH* was as follows:

Abdominal Carcinomatosis and Carcinomatous Cachexia

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Larynx

(Duration) yrs. 6 mos. ds.

(Signed) Edward L. Johnson M. D.

July 12, 1917 (Address) 1910 Eutaw Pl. Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 12 ds. In the State 39 yrs. mos. ds.

Where was disease contracted, if not at place of death? 2137 Woodbury Ave City

Former or usual residence 2137 Woodbury Ave City

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, July 15, 1917

20-UNDERTAKER A. S. Marshall — ADDRESS 2537 Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6705

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 758 Sarah Ann St.; 4 WARD)

2-FULL NAME. Caroline Bailey

(Residence in Baltimore: No. 758 Sarah Ann St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. ....., 1 .....
(Month) (Day) (Year)

7-AGE. 30 yrs. mos. ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora Bailey

(Address) 758 Sarah ann

15- JUL 13 1917 HARRY C. AN[illegible]

Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. S. Driscoll M. D.
(Coroner.)

July 11 1917. (Address) 512 Carroll Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Md DATE OF BURIAL, July 14 19 17

20-UNDERTAKER Charles B Jones ADDRESS 235 Pine

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6706

CERTIFICATE OF DEATH.

80 D 6706

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 North Fulton Ave. ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph J. Brady.

(Residence in Baltimore: No. 30 North Fulton Ave. St.; 75 yrs., 6 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, December (Month) 25 (Day), 1841 (Year)

7-AGE,	If LESS than 1 day,
75 yrs. 6 mos. 16 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad Engineer

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. F. Brady

(Address) 30 North Fulton Ave.

15-

Filed JUL 13 1917 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1917, to July 11 1917, that I saw h.... alive on July 11 1917, and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Acute endocarditis

(Duration) four hours ds.

CONTRIBUTORY (Secondary) angina pectoris few hours

(Duration) ....yrs.....mos.....ds.

(Signed) John Vansant M. D.

July 12, 1917. (Address) 525 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, July 15, 1917

20-UNDERTAKER Chas. H. Ware & Son ADDRESS 18 W. Mt. Royal Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 6707

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hebrew Hospital St.; 13 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myer Summerfield

(Residence in Baltimore: No. 2205 Linden Ave St.; 10 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 10 (Day), 1845 (Year)

7-AGE, 72 yrs. 1 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing
(b) General nature of industry, business, or establishment in which employed (or employer): Mfg

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Moses Sommerfield

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Bifero Goldstein

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. Sommerfeld

(Address) 2205 Linden Ave

15- Filed JUL 13 1917, 191.... HARRY C. ANDREWS Registrar.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8, 1917, to July 12 1917, that I saw him alive on Thurs. July 12 1917, and that death occurred, on the date stated above, at 3.01 p.m.

The CAUSE OF DEATH* was as follows:

Annulus Adeno Carcinoma of Stomach
Confirmed at Operation

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Post-operative Shock

(Duration) yrs. mos. 4 ds.

(Signed) [illegible] M. D.

7/13/, 191.7 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Balto. Md.

Former or usual residence 2205 Linden Avenue

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, July 15, 1917

20-UNDERTAKER Harris Goldstein — ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6703

CERTIFICATE OF DEATH.

41 D 6708

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 816 S. Port ST.; 1 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Wiese

(Residence in Baltimore: No. 816 S. Port St.; 50 yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, April 18 (Month) (Day), 1848 (Year)

7-AGE, 69 yrs. 2 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Thomas

(Address) 816 S. Port St.

15-

Filed JUL 13 1917, 191..... HARRY [illegible]
Burial Permit Issued
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12 — 1917, to July 11 — 1917, that I saw her alive on July 11 — 1917, and that death occurred, on the date stated above, at 4.50 p.m.

The CAUSE OF DEATH* was as follows:

Abdominal Aneurism

Duration of Illness — yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) — yrs. — mos. — ds.

(Signed) William H. Johnson M. D.

July 13, 1917 (Address) 2016 Guilford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, July 15, 1917

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Reed St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

6709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 6709

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Russell

(Residence in Baltimore: No. 1351 North Carey St.; — yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown ....., 1889
(Month) (Day) (Year)

7-AGE, 28 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Thomas Russell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susie Gray

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Shumaker Jr. M.D.

(Address).....

15- JUL 13 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1917, to July 12 1917, that I saw h.. alive on July 12 1917, and that death occurred, on the date stated above, at 2a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac failure

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) John Shumaker Jr. M. D.

July 12, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death \ yrs. \ mos. 1 ds. In the State all life yrs. mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1351 North Carey St.

19-PLACE OF BURIAL OR REMOVAL, Herbert Burial Mfg — DATE OF BURIAL, July 14, 1917.

20-UNDERTAKER Calvert & Co md — ADDRESS

Edward Ringgold 1438 N Carey

D 6710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 6710

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1441 Pratt St. WARD)

2-FULL NAME Jesse Coleman

(Residence in Baltimore: No. 1441 Argyle Av.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. Wife mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wife

6-DATE OF BIRTH, Dec 9 (Month) (Day), 1903 (Year)

7-AGE, 13 yrs. 7 mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter on Shy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jesse Coleman

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER B. Griffin

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) V. Coleman

(Address) 1141 Argyle Av.

15-
Filed JUL 13 1917, 191.
HARRY G. ANDREWS
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia

C.C. Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. Rabe (Coroner.) M. D.

July 11, 1917 (Address) 1629 Pennsylvania

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, July 13, 1917

20-UNDERTAKER Edward Kingsold — ADDRESS 1463 N Mary

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 6711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 D 6711

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Scott ST.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie B. Kugel

(Residence in Baltimore: No. 1000 Scott St.; 69 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Feb (Month) 1st (Day), 1837. (Year)

7-AGE, 80 yrs. 5 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Kugel Jr.

(Address) 1000 Scott

15- HARRY C. ANDREWS

Filed JUL 13 1917, 191.... Burial Permit Clark

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1916, to July 11 1917, that I saw h-r alive on July 10 1917, and that death occurred, on the date stated above, at 2 15 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Contributory (Duration) yrs. 10 mos. ds.

CONTRIBUTORY Obstruction

(Secondary) (Duration) yrs. mos. 14 ds.

(Signed) John F. Kugel M. D.

7/13, 191.) (Address) 515 Scott

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL JUL 14, 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6712 — 5-4 — D 6712

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalind S. Keefer

(Residence in Baltimore: No. 1704 Harlem Ave St.; 23 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED,~~ (Write the word.) widowed

6-DATE OF BIRTH, Sept 3, 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. 10 mos. 8 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Gill, Mass.

PARENTS.

10-NAME OF FATHER, Alexander C. Sheldon

11-BIRTHPLACE OF FATHER (State or Country), Bernardston Mass

12-MAIDEN NAME OF MOTHER Mary A. Hyde

13-BIRTHPLACE OF MOTHER (State or Country), Amherst, Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwarfield Keefer

(Address) 1704 Harlem Ave.

15- JUL 13 1917 HARRY C. ANDREWS

Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29 1917, to July 11 1917, that I saw her alive on July 11 1917, and that death occurred, on the date stated above, at 2 30 Pm.

The CAUSE OF DEATH* was as follows:

Aplastic Anaemia

(Duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

(Signed) C M Harmon M. D.

7/11, 1917 (Address) Church Home & Inf

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. 1 mos. 12 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? no

Former or usual residence 1704 Harlem Ave.

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem — DATE OF BURIAL, July 13, 1917

20-UNDERTAKER Wm J Tickner & Sons — ADDRESS Norther Pa

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6713

CERTIFICATE OF DEATH.

D 6713

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3328 Old Frederick Road ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank B. Myers

(Residence in Baltimore: No. 3328 Old Frederick Road St.; 38 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April 27th, 1877.
(Month) (Day) (Year)

7-AGE, 40 yrs. 2 mos. 13 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Gas & Electric Co.

9-BIRTHPLACE, (State or Country) New Windsor Md.

PARENTS.

10-NAME OF FATHER, Ephram Myers

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Sadie R. MYERS
(Address) ##28 Old Frederick Road.

15- JUL 13 1917
Filed ....., 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 3 1917, to July 10 1917, that I saw h[illegible] alive on July 10 1917, and that death occurred, on the date stated above, at 2.45 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) two years yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

July 13, 1917. (Address) 54 S. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, July 13, 1917

20-UNDERTAKER Joseph B. Cook. ADDRESS 1003 W. Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6714

42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 Maryland Ave. ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgia Howe Lee.

(Residence in Baltimore: No. 2410 Maryland Ave. St.; 40 yrs., 5 mos. 16 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word.) Widow.

6-DATE OF BIRTH, January (Month) 25 (Day), 1876 (Year)

7-AGE, 40 yrs. 5 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Milliner
(b) General nature of industry, business, or establishment in which employed (or employer): for Smith.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John T. Williams.

11-BIRTHPLACE OF FATHER (State or Country), Calvert CO. Md.

12-MAIDEN NAME OF MOTHER Virginia A.V. Denton.

13-BIRTHPLACE OF MOTHER (State or Country), Calvert CO. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward E Lee.

(Address) 2410 Maryland Ave.

15-

Filed....., 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15 1917, to July 11 1917, that I saw her alive on July 7 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

Operation

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastatic Carcinoma of Intestines (Duration) yrs. 6 mos. ds.

(Signed) Robert L. Mitchell M. D.

July 11, 1917. (Address) 111 W. Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park DATE OF BURIAL, July 13, 1917

20-UNDERTAKER Jos B Cook ADDRESS 103 W Baltimore

D 6715

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

66 D 6715

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 Frances St.: 13 WARD)

2-FULL NAME Thomas D. Jones

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2507 Brands St.: 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May (Month) 1 (Day), 1844 (Year)

7-AGE: 73 yrs. 2 mos. 10 ds. If LESS than 1 day, ... hrs., or ..... min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Junk Dealer (ret'd)
(b) General nature of industry, business, or establishment in which employed (or employer): 045

9-BIRTHPLACE (State or country): Dorchester Co Md

PARENTS

10-NAME OF FATHER: Denwood Jones

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Amelia Jones

(Address) 2507 Frances St

15- JUL 13 1917 Filed ..... 191.....

HARRY O. LEWIS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 8, 191 6, to July 11 191 7, that I saw him alive on June 21 191 7, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) — yrs 9 mos — ds.

Contributory (SECONDARY) Arteriosclerosis

(Duration) yrs mos ds.

(Signed) Jesse Talbot M. D.

July 13, 1917 [Address] 1353 W. Mulberry

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 13, 1917

20-UNDERTAKER: J. B. Cook — ADDRESS: 1003 N. Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 6716

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

D 6716

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1222 Madison Ave St. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary R Kaupp

(Residence in Baltimore: No. 1226 Madisonn Ave St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November, 1846 (Month) (Day) (Year)

7-AGE: 71 yrs. mos. ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): H.W.

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Fredk H Wollandt

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Athelia Epuse

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) N. Heller

(Address) 1222 Madison Ave

15 JUL 13 1917

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 11 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1916, to July 11 1917.

that I saw h.. alive on July 11, 1917.

and that death occurred, on the date stated above, at 12.18 p.m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(Duration) 1 yrs. — mos. 1 ds

Contributory (SECONDARY) Coma & Exhaustion

(Duration) — yrs. — mos. 1 ds.

(Signed) J H Robinson M. D.

July 11, 1917. (Address) 726 E Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: July 13, 1917

20 UNDERTAKER: Martin Fahey & Son

ADDRESS: 1067 Lafayette Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PENCIL, WITH UNFADING INK. THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 6717

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6717

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1870 Jackson ST.; 20th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion P. Dominin

(Residence in Baltimore: No. 1870 Jackson St.; ..... yrs., 4 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 5, 1917
(Month) (Day) (Year)

7-AGE, 4 yrs. 8 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Ignatius Dominin

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lottie Hall

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) 1870 Jackson St.

15-

Filed JUL 13 1917 101 HARRY O. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1917, to July 12 1917, that I saw him alive on July 12 1917 and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Enteric-colitis

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Pertussis

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Sidney H. Strelitz M. D.

July 13, 1917. (Address) 431 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, July 13 1917.

20-UNDERTAKER Edw. Eschenbrenner

ADDRESS 1318 Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 6718

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6718

CERTIFICATE OF DEATH.

79

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2029 Division ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Conaway.

(Residence in Baltimore: No. 2029 Division St.)

(If non-resident, give STREET AND NUMBER OF HOSPITAL OR INSTITUTION.)

(If transient or recent resident, give former residence.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE: 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Own

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: Louis Bald

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Linda Green

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizzie Mitchell

(Address) 2029 Division St

15-

JUL 13 1917

Filed ....., 191..... HARRY T. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Heart disease
Unable to get history of
Details (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)

7/13, 1917. (Address) 710 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Manas Key wife Lancaster co Va DATE OF BURIAL, JUL 13 1917

20-UNDERTAKER, JAMES H. DENNIS ADDRESS, 1303 PRESTMAN ST

Spec.—5-19-13—M. & T.—500 Bks.

D 6719

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6719

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Aisquith ST.; 5 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvina Smith

(Residence in Baltimore: No. 207 Aisquith St.; yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, March 4, 1853 (Month) (Day) (Year)

7-AGE, 64 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Nathaniel Williams

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sophia Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Madaline Smith

(Address) Ruthsville Md

15-

Filed JUL 13 1917, 191.... HARRY T. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1917 (Year).

17-I HEREBY CERTIFY, That I attended deceased from Feb 9 1917, to July 12 1917, that I saw h[er] alive on July 11 1917, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Lit. M. D. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene of toe Onda

(Duration) yrs. 6 mos. ds.

(Signed) J. Edward Fisher M. D.

July 13, 191... (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cockeysville Md — DATE OF BURIAL, July 14, 191...

20-UNDERTAKER Sam'l. C. Case & Son — ADDRESS 1100 Mosher

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6720 D 6720

CERTIFICATE OF DEATH.

REGISTERED No. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Walbrook ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Reams

(Residence in Baltimore: No. 2102 Walbrook ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	White	Single

6-DATE OF BIRTH, July 13 (Month) 17 (Day), 1 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George Reams

11-BIRTHPLACE OF FATHER (State or Country), Mt Lake Md

12-MAIDEN NAME OF MOTHER Mary E Reams

13-BIRTHPLACE OF MOTHER (State or Country), Mt Lake Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Reams

(Address) 2102 Walbrook

15- JUL 13 1917 ROBERT R. KRAUTER

Filed ....., 191... BURIAL Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I saw h.er alive on 7-13- 1917,
and that death occurred, on the date stated above, at 11.20 A.M.
The CAUSE OF DEATH* was as follows:

Hereditary Syphilis
Brain Matter Tatanus
& Lesion (Duration) 10 minutes

CONTRIBUTORY (Secondary) .....
..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Edward A Morgan M. D.
....., 191... (Address) 1501 N Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	7/13, 1917
20-UNDERTAKER	**ADDRESS**
J. F. McCully	130 E. Fort

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 E Clement ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lee Allen

(Residence in Baltimore: No. 422 E Clement St.; ....yrs., 4 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb 28, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

8-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Julian E Allen

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Marie Hook

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John N. Hook

(Address) 422 E. Clement St.

15- JUL 14 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1917, to July 11 1917, that I saw her alive on July 11 1917, and that death occurred, on the date stated above, at 9.45 m.

The CAUSE OF DEATH* was as follows:

Gastroenteritis

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm E Stigler M. D.

7/12, 191.. (Address) 1319 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, July 13, 191.7

20-UNDERTAKER M. F. Flynn

ADDRESS 1422 Light St.

18. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6722 — 104 — D 6722

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Burgundy ST.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

USUAL NAME Annie Margaret Virginia Kennedy

(Residence in Baltimore: No. 1114 Burgundy St.; ....yrs. 10 mos. 20 ds.)

N.B.—Every item of information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Fem

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 20, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Victor Kennedy

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Kathrin Kennedy

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victor Kennedy

(Address) 1114 Burgundy Ave

15- JUL 14 1917 ROBERT D. KRAUTER

Filed....., 191.... Registrar.

BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1917, to July 10 1917, that I saw h.m alive on July 10 1917, and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Dentition

(Duration) ....yrs. ....mos. 10 ds.

(Signed) Stephen L. Davis M. D.

July 11, 191.. (Address) 1127 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem

DATE OF BURIAL, July 13, 191.7

20-UNDERTAKER M. A. Flynn

ADDRESS 1422 Light

Spec.—8-24-14—M. & T.—2000 Bks.

D 6723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 ✓

D 6723

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2423 E Biddle St.; 8 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Virginia Danner

(Residence in Baltimore: No. 2423 E. Biddle St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec 10, 1839
(Month) (Day) (Year)

7-AGE, 77 yrs. 7 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. City

PARENTS.

10-NAME OF FATHER: John Hughes

11-BIRTHPLACE OF FATHER (State or Country): Canada

12-MAIDEN NAME OF MOTHER: Mattson

13-BIRTHPLACE OF MOTHER (State or Country): Sweden

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Wm Danner
(Address) 2423 E Biddle St

15- JUL 14 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5th 1917, to July 12th 1917, that I saw h[illegible] alive on July 11th 1917, and that death occurred, on the date stated above, at 12 A. m.

The CAUSE OF DEATH* was as follows:

I. Bronchitis of Lungs and
Aortic Valvular Insufficiency

(Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Allen G. Kingsbury M. D.

7/13/, 1917. (Address) 1613 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, July 14, 1917

20-UNDERTAKER, Geo M. Fink ADDRESS 511 N Wolfe

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 ✓

1 PLACE OF DEATH — REGISTERED NO. C 6721

CITY OF BALTIMORE (No. 1618 St Paul ST. 17 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William R. Will

(Residence in Baltimore: No. 1618 St Paul St.: 39 yrs. 2 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH: April (Month) 26 (Day), 1878 (Year)

7 AGE: 39 yrs. 2 mos. 18 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Virginia

PARENTS

10 NAME OF FATHER: William R Will

11 BIRTHPLACE OF FATHER (State or country): Dont Know

12 MAIDEN NAME OF MOTHER: Mildred Sinclair

13 BIRTHPLACE OF MOTHER (State or country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs William R. Will

(Address) 1618 St Paul St

15 Filed JUL 14 1917 ROBERT B. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 12 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1917, to July 12 1917, that I saw h— alive on July 12, 1917, and that death occurred, on the date stated above, at 3.45 p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) January yrs. mos. 3 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Joseph T. Hering M. D.

July 12, 1917 (Address) 1621 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL — DATE OF BURIAL: Cathedral July 14 1917

20 UNDERTAKER — ADDRESS: H. C. Widdfield 914 Greenmount Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Margareth J. Rimmelhoeber

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6725

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 E East av ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret June Rimmelhoeber

(Residence in Baltimore: No. 112 E East av St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 8 (Month), (Day), 1917 (Year)

7-AGE, ...yrs. 4 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Himmelhoeber

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Alice Eichenlaub

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Himmelhoeber

(Address) 112 E East av

15-

Filed JUL 14 1917, 191.... ROBERT P. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7/12/17 (Month), (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7/1/17 191..., to 7/12/17 191..., that I saw h[er] alive on 7/12/17 191..., and that death occurred, on the date stated above, at 12 15 p.m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Congestion

(Duration) ....yrs.....mos. 1 hr. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) ....yrs.....mos. 2 ds.

(Signed) F. L. Parran M. D.

7/12/17, 191... (Address) 2 916 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Co

DATE OF BURIAL, July 14 191..7

20-UNDERTAKER Louis Heeman

ADDRESS 926 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-[illegible] M. & T.—2000 Bks.

D 6726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 ✓

D 6726

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Bayard ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Michael

(Residence if Baltimore: No. 1900 Bayard St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, July (Month) 13 (Day), 1917 (Year)

7-AGE, ...yrs. ....mos. 1/2 ds.

If LESS than 1 day, 3 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Maryland

PARENTS.

10-NAME OF FATHER Frederick S. Michael

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Rella Rauble

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE ~~IS TRUE~~ TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick S. Michael

(Address) 1900 Bayard Street

15- JUL 14 1917 ROBERT B. KRAUTER

Filed....., 191.... Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1917, to July 13 1917, that I saw her alive on July 13 191..., and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Premature Birth, Second in order of birth. Stillborn but did not breath. (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Premature Break of umbilical cord. (Duration) ....yrs....mos....ds.

(Signed) F. A. Phillips M. D.

....., 191... (Address) 1701 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, July 17, 1917

20-UNDERTAKER William Cook

ADDRESS 5016 North Av.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Phillips 1701 Hollins

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6727

151 ✓

D 6727

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Bayard ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Muchead.

(Residence in Baltimore: No. 1900 Bayard. ST.; ...yrs., ...mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Bobe

6-DATE OF BIRTH, 7 (Month) 13 (Day), 1917 (Year)

7-AGE, ...yrs....mos. 7 hours ...dys. If LESS than 1 day, 7 hrs. or 12 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country) Baltimore City

PARENTS.

10-NAME OF FATHER. Samuel Muchead

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Rella Ramble

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Linda S. Muchead

(Address) 1900 Bayard St.

15- JUL 14 1917 ROBERT B. KRAUTER

Filed....., 191.... Burial Permit ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1917, to July 13 1917, that I saw h... alive on July 13 1917, and that death occurred, on the date stated above, at 9:50 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Premature asphyxia

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) S. D. Phillips M. D.

....., 191... (Address) 1701 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Pk	July 13, 1917
20-UNDERTAKER Wm Cook	ADDRESS 502 E. Mall

N. B.—Every item of information should be carefully supplied. Also, should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6728 ✓ X 40 D 6728

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. General Hospital St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L. Torrey

(Residence in Baltimore: No. 112 W Madison Ave St.; ....yrs.,....mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Married

6-DATE OF BIRTH, April 25 (Month) (Day), 1850 (Year)

7-AGE 67 yrs. 2 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer): 42

9-BIRTHPLACE, (State or Country), Alabama

PARENTS.

10-NAME OF FATHER, R.C. Torrey

11-BIRTHPLACE OF FATHER (State or Country), Mass.

12-MAIDEN NAME OF MOTHER Elizabeth Henshaw

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen L. Torrey

(Address) Mobile Ala.

15- Filed JUL 14 1917 191.... ROBERT B. KRAUTH Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 1917, to July 13 1917, that I saw h.. alive on July 13 1917, and that death occurred, on the date stated above, at 3.06 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

Chronic (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute dilatation

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Bernard Fleischner M. D.

July 13, 1917 (Address) 2nd General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Mobile - Ala.

Former or usual residence Mobile - Ala.

19-PLACE OF BURIAL OR REMOVAL, Mobile Alabama — DATE OF BURIAL, July 13, 1917

20-UNDERTAKER Wm Cook — ADDRESS 502 E. Pl.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B D 6729 — 104 — B D 6729

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2046 D. Charles ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Eder

(Residence in Baltimore: No. 2046 D. Charles St.; ...yrs., 1 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 8 (Day), 1917 (Year)

7-AGE	If LESS than 1 day,
...yrs. 1 mos. 4 ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, David Eder

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md

12-MAIDEN NAME OF MOTHER Annie Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Eder

(Address) 2046 D. Charles

15- Filed JUL 14 1917, 191... ROBERT B. KRAUTH Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1917, to July 12 1917, that I saw h[illegible] alive on July 10 1917, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

(a) Cystic Fibroma testis

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Congenital Weakness

(Duration) ...yrs. 1 mos. ...ds.

(Signed) J. F. Krauthamer M. D.

7-13, 1917. (Address) 18 Randall St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, July 14, 1917.

20-UNDERTAKER M. D. Flynn ADDRESS 172 Light

N. B.—Every item of information should be carefully supplied. Accurate AGE in case of deaths of INFANTS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

B D 6730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 6730

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Perry

(Residence in Baltimore: No. 813 Eastern Ave St.; 1 yrs., 4 mos. ..... de.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 27, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Perry

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rosa Abruzzi

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Relative .....

(Address) Johns Hopkins Hospital

15- JUL 14 1917 ROBERT B. KRAUTER
Filed ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1917, to July 13 1917, that I saw him alive on July 13 1917, and that death occurred, on the date stated above, at 3 30 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Hemolytica

..... (Duration) ..... yrs. ..... mos. 26 ds.

(Signed) Henry B. Conrad M. D.

July 13, 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 813 Eastern Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	July 15, 191 7.
20-UNDERTAKER Trudell & Effel Sons	ADDRESS 330 S. Bond

N. B.—Every item of information should be carefully supplied. AGE should be CAREFULLY CALCULATED. Physicians should be CAREFUL in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6731

28 ✓

CERTIFICATE OF DEATH.

D 6731

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 S Potomac St.; 1st WARD) REGISTERED NO. C

2-FULL NAME William C. Letsch

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1010 S. Potomac St.; 51 yrs., 9 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Oct 7, 1865 (Month) (Day) (Year)

7-AGE, 51 yrs. 9 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bottler
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Frederick Letsch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Augusta Ohlendorf

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. W. C. Letsch

(Address) 1010 S Potomac St

15- Filed JUL 14 1917, 191.... ROBERT D. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1st 191.7, to July 12 191.7, that I saw him alive on July 10th 191.7, and that death occurred, on the date stated above, at 12-30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Tuberculosis Pulmonalis

(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Caleb V. Attey M. D.

July 12, 191.7 (Address) 100 S Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, July 14, 191.7

20-UNDERTAKER Peter Nicolaus — ADDRESS 2046 Eastern Av

N. B.—Every item of information should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Anderson

(Residence in Baltimore: No. 1107 Madison Ave St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write word.) Single

6-DATE OF BIRTH, Feb. 25, 1857
(Month) (Day) (Year)

7-AGE, 60 yrs. 4 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Sweden

PARENTS.

10-NAME OF FATHER, Andrew Anderson

11-BIRTHPLACE OF FATHER (State or Country), Sweden

12-MAIDEN NAME OF MOTHER, Catherine ?

13-BIRTHPLACE OF MOTHER (State or Country), Sweden

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) Ghest St.

15- Filed JUL 14 1917 191.. ROBERT B. KRAUTER Registrar.

Burial Permit

CAUSE OF DEATH must be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1917, to July 13 1917, that I saw h m alive on July 13 1917, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Nephritis

(Duration) Days yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) Few days yrs. mos. ds.

(Signed) Edward D Sweet M. D.

July 13, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State 35 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 1107 Madison Ave

Former or usual residence 1107 Madison Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel

DATE OF BURIAL, July 15, 191.7

20-UNDERTAKER H. Sander & Son

ADDRESS 1110 Ghest St

Spec.—8-24-14—M. & T.—2000 Bks.

LIND

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6733

110

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Lind

(Residence in Baltimore: No. 835 Montford Ave St.; 56 yrs. 9 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 3rd (Month) (Day), 1850 (Year)

7-AGE, 56 yrs. 9 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Boehm

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Theresa Gabler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Lind

(Address) 835 S. Montford Ave

15- Filed JUL 14 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16 1917, to July 12 1917, that I saw h.. alive on July 12 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of the Intestines Ulceration

(Duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) Gangrene of Intestines

(Duration) .....yrs. .....mos. 2 ds.

(Signed) Wm E. Gwynn M. D.

July 14, 1917. (Address) 21 W. Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 26 ds. In the State 56 yrs. 9 mos. 9 ds.

Where was disease contracted, if not at place of death? Balto Md

Former or usual residence 835 Montford Ave

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart

DATE OF BURIAL, July 16, 1917.

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Wolfe St.

I.B.—Every item of information should be carefully supplied. Where any item is not properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 6731 — D 6734

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 N Pine ST.) 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lessie Coates

(Residence in Baltimore: No. 704 N Pine St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, Col'd | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Mar.

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 6 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steve Lve
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Coates

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Millie Reed

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nancie Barnes

(Address) 636 Josephine St

15- JUL 14 1917 HARRY C. ANDREWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1917, to July 11 1917, that I saw h..... alive on July 10 1917, and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) 2 yrs. ..... mos. 10 ds.

(Signed) Chas. Schleen M. D.

July 12, 1917 (Address) 1 Norwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn | DATE OF BURIAL, July 13 1917

20-UNDERTAKER Sam'l E Dunlap | ADDRESS 578 N Eden

CAUSE OF DEATH must be entered as exactly, completely and correctly as possible. Avoid use of terms like "Heart Failure," "Exhaustion," "Blood Poisoning," etc., without explaining what disease caused them. Indefinite and incomplete returns cause unnecessary correspondence, and sometimes make it impossible to properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6735

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 Monr ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen F. Jackson

(Residence in Baltimore: No. 719 Monr St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug. 1905
(Month) (Day) (Year)

7-AGE, 11 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Edward Jackson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Lucas

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Jackson

(Address) 719 Monr St

15-
Filed JUL 14 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sunday July 12th, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 11 1917, to July 12 1917, that I saw h alive on July 10th 1917, and that death occurred, on the date stated above, at 8.17 a. m.

The CAUSE OF DEATH* was as follows:

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary tuber

(Duration) yrs. 6 mos. ds.

(Signed) A. E. Elder M. D.

7/14, 191.., (Address) 924 Mon St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem — DATE OF BURIAL, July 14 191..

20-UNDERTAKER Saml Hensley — ADDRESS 5 Shroeder

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6736 28 D 6736

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 Pine St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Bowen

(Residence in Baltimore: No. 732 Pine St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE, 36 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Finisher
(b) General nature of industry, business, or establishment in which employed (or employer) Office - Cars

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Alonzo Bowen

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Cath. Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Homer Bowen

(Address) 732 Pine St

15- Filed JUL 14 1917, 191.... HARRY C. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5th 191 7, to July 12th 191 7, that I saw h.. alive on July 12th 191 7, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

..... Lobar Pneumonia .....

..... (Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Probably Influenza

Cystitis (Duration) 3 yrs. ....mos. ....ds.

(Signed) A. E. Ellis M. D.

July 14, 191 7 (Address) 924 Arunah

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, July 14, 191 7

20-UNDERTAKER Samuel Hensley ADDRESS 534 E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6737 44 ✓ D 6737

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 E. Chase ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Ann. Baillie

(Residence in Baltimore: No 1912 E. Chase St; 79 yrs., \ mos., \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOW OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Apr. 13, 1837 (Month) (Day) (Year)

7-AGE, 80 yrs. 3 mos. \ ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Phila. Pa.

PARENTS.

10-NAME OF FATHER, John Baillie

11-BIRTHPLACE OF FATHER (State or Country), Scotland.

12-MAIDEN NAME OF MOTHER Harriet Bell

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr James D Jones

(Address) 1912 E Chase St

15- JUL 14 1917 HARRY C. ANDREWS

Filed....., 191.....Burial Permit Clerk

Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13th 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16th 1916, to July 13th 1917, that I saw her alive on July 12th 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

of Early Date

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Glaucoma

(Duration) one year yrs. mos. ds.

(Signed) Thos. S. Strieker M. D.

July 13., 1917. (Address) 1501 W. Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, July 15..., 1917.

20-UNDERTAKER Henry Houck & Son — ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 ✓

D 6738

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 506 E 20th St. 9 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Glady

(Residence in Baltimore: No. 506 E 20th St.; 60 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 66 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Supt. Broom Dept
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Md. Rail Shop for Bldg

9-BIRTHPLACE, (State or Country), Norfolk, Va.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Laura M Glady

(Address) 506 E 20th St.

15-

Filed JUL 14 1917, 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 13th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1916, to July 13th, 1917, that I saw h[illegible] alive on July 13th, 1917, and that death occurred on the date stated above, at 12 25 P.m.

The CAUSE OF DEATH* was as follows:

..... Carcinoma of
..... Rectum and Bladder
..... (Duration) ... yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

..... (Duration) ... yrs. 2 mos. 15 ds.

(Signed) J B Chesterhouse M. D.

July 14, 1917 (Address) 1139 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, July 16, 1917

20-UNDERTAKER Henry Hereck & Son — ADDRESS 1301 E Eager St

Spec.—5-19-15—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6739 104 D 6739

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 S. Calhoun ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Nandiff

(Residence in Baltimore: No. 408 S Calhoun St.) Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Mall

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 11, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Noul
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Nandiff

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Frank Bolgar

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Nandiff

(Address) 408 S. Calhoun St.

15- JUL 14 1917 HARRY ANDREWS

Filed....., 191..Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1917. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 10 1917, to July 13 1917, that I saw him alive on July 13 1917, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Respiratory Failure (Duration) ....yrs. ....mos. 1 ds.

(Signed) Dr Theo H. Kalquist M. D.

July 14, 1917. (Address) 34 S. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, July 14, 1917.

20-UNDERTAKER W B Crothers ADDRESS 24 N. Fulton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 6740

HEALTH DEPARTMENT—CITY OF BALTIMORE

152 ✓

D 6740

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2148 Woodbury Av 13 WARD)

REGISTERED No. C

2-FULL NAME Infant of Arthur & Bertha Battrell

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2148 Woodbury Av St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 13 (Day), 1917 (Year)

7-AGE, — yrs. — mos. — ds. If LESS than 1 day, hrs. or 15 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Arthur G Battrell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Bertha Gordon

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Gordon

(Address) 2148 Woodbury Av

15-

Filed JUL 14 1917 191... HARRY C. ANDREWS Registrar. Burial Permit Oict

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 13 1917, to July 13 1917, that I saw h[illegible] alive on July 13 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Ulcer of Duodenum

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dyspepsia - Feeble

forties (Duration) yrs. mos. ds.

(Signed) R B Norment M. D.

7.13.17., 191... (Address) 3342 Chestnut Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys H. DATE OF BURIAL, July 14, 191...

20-UNDERTAKER H S Mitchell ADDRESS 3539 Belair Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6745

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 514 S. Bond. ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Machetka

(Residence in Baltimore No. 514 S. Bond. St. St.; 2 yrs., 2 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.): Single

6-DATE OF BIRTH, May (Month) 1 (Day), 1915 (Year)

7-AGE, 2 yrs. 2 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Child

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Machetka

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Teopila Slowik

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Machetka

(Address) 514 S. Bond St.

15- Filed JUL 14 1917, 191.... HARRY O. BRUNS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1917, to July 13 1917, that I saw h.. alive on July 13 1917, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Colon Colitis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. J. Brown M. D.

July 14, 1917 (Address) 1118 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, July 14, 1917

20-UNDERTAKER William Faulkner — ADDRESS 1618 Eastern Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—F 2414—M. & T.—2000 Lks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 ✓ B 6742

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1513 Eutaw Place ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Joseph

(Residence in Baltimore: No. 1513 Eutaw Place St.; 60 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 12th (Day), 1846 (Year)

7-AGE 71 yrs. 3 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 045
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jesse Joseph

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Perlina Moses

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Joseph.

(Address) 1513 Eutaw Place

15- JUL 14 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1917, to July 13 1917, that I saw h— alive on July 13 1917, and that death occurred, on the date stated above, at 8:00 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder
& Prostate

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) a Uremia (Duration) yrs. mos. 10 ds.

(Signed) Joseph A Fichtner M. D.

July 14 1917. (Address) 548 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bal Hebrew — DATE OF BURIAL, July 16, 1917.

20-UNDERTAKER Dulin Sondheim — ADDRESS 1808 Eutaw Pl

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6743

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6743

CERTIFICATE OF DEATH.

REGISTERED No. C 122

1-PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. Linden Ave. & Madison ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Taylor.

(Residence in Baltimore: No. 2004 Hunter St. St.; 21 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	Negress	Married

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
21 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H. Dennis

(Address) 1303 Prestman st

15- Filed JUL 14 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 10 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 12 1917, to July 10 1917, that I saw h[illegible] alive on July 10 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema, Cardiac Dilatation

..... (Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Pyelitis. Pus Kidney

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. A. Bayden M. D.

7/10 1917. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 28 ds. In the State 21 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2004 Hunter St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel cemtery	July 14 1917.

20-UNDERTAKER	ADDRESS
James H. Dennis	1303 Prestman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B D 6744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 6744

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin Fenwick

(Residence in Baltimore: No. 1103 E. Monument St St.; Life yrs. ..... mos. ..... da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, February 6, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. 5 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Fenwick

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Helen Robinson

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... H

(Address)..... Johns Hopkins Hosp

15- HARRY C. ANDREWS

Filed JUL 14 1917 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 191 7, to July 13 191 7, that I saw h.. alive on July 13 191 7, and that death occurred, on the date stated above, at 6 45 p.m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W.M. Rivers M. D.

July 14 191... (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1103 E. Monument St

19-PLACE OF BURIAL OR REMOVAL, Leloy Conn — DATE OF BURIAL, July 15, 1917.

20-UNDERTAKER Mrs R A Elliott — ADDRESS 406 East

B 6745 120 ✓ D 6745

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 923 Boyd St St. 18 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hill

(Residence in Baltimore: No. 923 Boyd St St.; 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November (Month) (Day), 1861 (Year)

7-AGE: 56 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): St Mary's Co

PARENTS

10-NAME OF FATHER: Louis Butler

11-BIRTHPLACE OF FATHER (State or country): St Mary's Co

12-MAIDEN NAME OF MOTHER: Mary Butler

13-BIRTHPLACE OF MOTHER (State or country): St Mary's Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John J. Colman

(Address) .....

15. Filed JUL 14 1917 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 14 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10th, 1917, to July 13th 1917, that I saw h[er] alive on July 13th, 1917, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia ODN

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) General Dropsy

(Duration) ..... yrs. 7 mos. ..... ds.

(Signed) C W Barker M. D.

July 14th, 1917 (Address) 1403 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: July 16 1917

UNDERTAKER: Wm. J. Cowan

ADDRESS: 201 Hollins St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

B B 674G

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 ✓ D 674G

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST.; 5 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Morris

(Residence in Baltimore: No. 544 N. Gay St.; ? yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1862 (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country) Austria

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country) Austria

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore St

15- JUL 14 1917 HARRY C. ANDREWS
Filed ....., 191.... BURIAL PERMIT ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 14 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 7 1917, to July 14 1917, that I saw h.. alive on July 14 1917, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Edward Friedson M. D.

July 15, 1917. (Address) 6 Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ? yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 544 N. Gay St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship Cem. DATE OF BURIAL, July 15, 1917.

20-UNDERTAKER Jack Lewis ADDRESS 1411 E Balto St

N.B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state
important. See instructions on back of certificate. Exact statement of OCCUPATION is very

B 45 D 6747

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH [illegible] 702 Edw. St. — REGISTERED NO. C

CITY OF BALTIMORE (No. ... ST.: 7 ... WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob H Corporal

(Residence in Baltimore: No. 702 N. Edw St ... St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): [illegible]

6-DATE OF BIRTH: Don't know, 1848 (Month) (Day) (Year)

7-AGE: 69 yrs. ? mos. ? ds. — If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Andrew Corporal

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Johanna Corporal

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. A. H Carroll

(Address) The Wallace. Balto

JUL 15 1917 (Filed) ... 191 ... HARRY C. ANDREWS Burial Fe[illegible] REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 13th (Thursday) 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1917, to. July 12 1917.

that I saw h[illegible] alive on July 11, 1917.

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Prostate with Genital metastasis

[illegible] (Duration) ... yrs. 7 mos. ... ds

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Albert H Carroll M. D.

July 13, 1917. (Address) The Wallace

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. — In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Zion cemetery — DATE OF BURIAL: July 16 1917

20 UNDERTAKER: Joseph a Farrell — ADDRESS: 2319 Division St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6748

28

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 Druid Hill Ave ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Agnes Payne

(Residence in Baltimore: No. 542 Orchard St.; —yrs.,—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Nov. (Month) 3 (Day) 1873 (Year)

7-AGE. 33 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George Handy

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Georgeanna Carter

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Handy

(Address) 200 N Druid Hill Ave

15 JUL 15 1917 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1917, to July 12 1917, that I saw h Ex alive on July 11 1917, and that death occurred, on the date stated above, at 5 50 p.m.

The CAUSE OF DEATH* was as follows:

Pthisis Pulmonalis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H S M Card M. D.

7/13, 1917. (Address) 2005 Druid Hill av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Calvary Cem — DATE OF BURIAL, July 14, 191..

20-UNDERTAKER Samuel Hearley — ADDRESS 548 W Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 ✓

D 6749

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 N Bruce ST.; 19 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Ripskin

(Residence in Baltimore: No. 100 N. Bruce St St.; 33 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec (Month) 3 (Day), 1857 (Year)

7-AGE, 57 yrs. 7 mos. 10 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Work Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) Grocery Store

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Bernard Ripskin

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Dena Ripskin

(Address) 100 N Bruce St

15-

Filed JUL 15 1917 HARRY C. ANDREWS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1917, to July 13 1917, that I saw h— alive on July 13 1917, and that death occurred, on the date stated above, at 7 30 m.

The CAUSE OF DEATH was as follows:

Cirrhosis of Liver

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Intoxication

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) E. V. Cahalan M. D.

7/14/17 191... (Address) 74 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Pauls Cem DATE OF BURIAL, July 16, 191 7

20-UNDERTAKER Joseph B Cook ADDRESS 1003 N Gilmor St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 6750

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 ✓

D 6750

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2928 Mosher ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma A. Gees.

(Residence in Baltimore: No. 2928 Mosher - St.: 65 yrs., 9 mos. 4 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Oct (Month) 8 (Day) 1851 (Year)

7-AGE,	If LESS than 1 day,
65 yrs. 9 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER, Richard Gees

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Anna B. Wills

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine P. Keehler

(Address) 2928 Mosher

15- JUL 15 1917 HARRY C. ANDREWS

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 1917, to July 12 1917, that I saw h~~er~~ alive on July 11 1917, and that death occurred, on the date stated above, at 3:22 p.m.

The CAUSE OF DEATH* was as follows:

.....

Hemiplegia

..... (Duration) yrs. 10 mos. ..... ds.

CONTRIBUTORY (Secondary) Entente

..... (Duration) yrs. ..... mos. 14 ds.

(Signed) Edward ..... M. D.

7/14, 191.. (Address) 517 Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cem.	July 15, 191..
20-UNDERTAKER Joseph B. Cook	ADDRESS 1003 Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B D 6751

HEALTH DEPARTMENT—CITY OF BALTIMORE

105 ✓ D 6751

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Ramsay ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris Viola Burgess

(Residence in Baltimore: No. 1714 Ramsay St. St.; 2 yrs., mos. 24 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) Single

6-DATE OF BIRTH, June (Month) 20 (Day), 1915 (Year)

7-AGE, 2 yrs. mos. 24 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER, Marshall A Burgess

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ethel M Cannel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marshall A Burgess

(Address) 1714 Ramsey St

15- JUL 15 1917 HARRY C. ANDREWS

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1917, to July 14 1917, that I saw h[illegible] alive on July 13 1917, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(Duration) yrs. mos. 9 da.

CONTRIBUTORY (Secondary) Cerebro Asthenia

(Duration) yrs. mos. 2 da.

(Signed) E Mendelsohn M. D.

7/14/17, 191... (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, July 16, 191..7

20-UNDERTAKER Joseph B Cook ADDRESS Nov 3 Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 6752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1120 ✓ D 6752

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 N Dallas St.; 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen E Denson

(Residence in Baltimore: No. 1307 N Dallas St.; 4 yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~. (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 12 (Day), 1845 (Year)

7-AGE, 71 yrs. 9 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Somerset Co Md

PARENTS.

10-NAME OF FATHER, Samuel Denson

11-BIRTHPLACE OF FATHER (State or Country), Somerset County Md

12-MAIDEN NAME OF MOTHER Mary Powell

13-BIRTHPLACE OF MOTHER (State or Country), Somerset County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Jenkins

(Address) 1307 N. Dallas.

15-

Filed JUL 15 1917, 191... HARRY C. ANDREWS Clerk

Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 191 7, to July 14 1917, that I saw h-r alive on July 13 1917, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 4 ds.

(Signed) Chas. B. Keating M. D.

....., 191... (Address) 836 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL, July 16 1917

20-UNDERTAKER W E Cook

ADDRESS 502 E Natl Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6753 ✓ D 6753

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 22d WARD) REGISTERED NO. C 120

2-FULL NAME Harry S. Feldhaus.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 610 N. Barre St. St.; 39 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dont know, (Month) (Day) 1878 (Year)

7-AGE, 39 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper Hanger
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Md — Balto

PARENTS.

10-NAME OF FATHER, Arnold Feldhaus.

11-BIRTHPLACE OF FATHER (State or Country), Ger.

12-MAIDEN NAME OF MOTHER Barbara Whittock.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Susan

(Address) 2108 Barclay st

15- Filed JUL 15 1917 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12, (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/21 191 7, to 7/12 191 7, that I saw h[illegible] alive on 7/12 191 7, and that death occurred, on the date stated above, at 8:15 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis.

with Uraemia

(Duration) 6 W. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Hartley, M. D.

7/13, 191 7. (Address) Howard Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 mos. 4 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 610 N. Barre St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	July 15, 1917

20-UNDERTAKER John H. Fiske ADDRESS 1200 E. Lombard st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6731

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1 Jewish Hospital St., WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Fedder,

(Residence in Baltimore: No. 725 Hanley, St. 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 58 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloon Keeper.
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Russia.

PARENTS.

10-NAME OF FATHER, Louis Fedder

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carlos Hourtz.

(Address) Garfield 2 n e

15- JUL 15 1917

Filed....., 191.... HARRY C. ANDREWS. Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Hypostatic Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fell down stairs (Accident)

June 5 '17 (Duration) yrs. mos. ds.

(Signed) H. K. Quinby M. D.

July 15, 1917. (Coroner) (Address) M. E. Dept

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. 10 ds. In the State 35 yrs. mos. ds.

Where was disease contracted, if not at place of death? 725 Hanley St.

Former or usual residence 725 Hanley St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Rd. DATE OF BURIAL, July 16 1917

20-UNDERTAKER S. Levinson & Bro ADDRESS 1107 E Balto St

B D 0755

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 1V

D 0755

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 903 Ridgely ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl Keefer

(Residence in Baltimore: No. 903 Ridgeley St.; yrs. mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: July 5th (Month) (Day), 1917 (Year)

7-AGE: ..... yrs. ..... mos. 10 ds.

If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Francis M. Keefer

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Lydia J. Higdon

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Frances M. Keefer

(Address): 903 Ridgely St.

15- JUL 15 1917 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 10th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5, 1917, to, July 10 1917, that I saw h.m alive on July 10 1917, and that death occurred, on the date stated above, at 5-2 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Boyd M. D.

July 10, 1917 [Address] 602 Columbus

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem.

DATE OF BURIAL: July 16th, 1917

20-UNDERTAKER: C. Schlosman & Son

ADDRESS 1534 Hanover St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D6756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. D6756

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward W. Galloway

(Residence in Baltimore: No. 1323 S Gilmor St.; yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, January 18, 1896
(Month) (Day) (Year)

7-AGE, 21 yrs. 5 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Car Inspector
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R.R.

9-BIRTHPLACE. (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER Laurence E. Galloway

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER May E Haney

13-BIRTHPLACE OF MOTHER (State or Country), Ind.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lawrence Galloway

(Address) 322 S. Belnore

15- Filed JUL 15 1917, 191.... HARRY C. ANDREWS Registrar. Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry and Inquest (later) (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Shock following severe burns caused from escaping steam by explosion of heat blowing out of Engine at B & O shops (accidental)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert D. Driscoll M. D.
(Coroner)

July 14, 1917. (Address) 372 W Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1323 S Gilmor St.

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet — DATE OF BURIAL, July 16, 1917

20-UNDERTAKER William Cook — ADDRESS 502 Chas

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6757

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

D 6757

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St.; WARD)

2-FULL NAME Bertha M. Rapp.

(Residence in Baltimore: No. 1618 McElderry St.; .....yrs. .....mos. .....da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 2 (Month), 1883 (Day), (Year)

7-AGE, 33 yrs. 8 mos. 12 da.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). Domestic

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wilhelm H Orenberg

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Rauen.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George G. Lapp.

(Address) 1618 Mc Elderry St

15-

Filed JUL 15 1917, 191..... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1917, to July 14 1917, that I saw her alive on July 14 1917, and that death occurred, on the date stated above, at 1:45 a.m.

The CAUSE OF DEATH* was as follows:

Shock following Operation

(Duration) .....yrs. .....mos. 3 hrs.

CONTRIBUTORY (Secondary) Carcinoma of Uterus.

(Duration) 2 yrs. .....mos. .....da.

(Signed) W. Todd Femeyhough M. D.

July 14, 1917. (Address) Franklin Square Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 22 da. In the State .....yrs. .....mos. .....da.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 1618 Mc Elderry St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem'y — DATE OF BURIAL, July 16, 1917

20-UNDERTAKER Elliott C Fuller — ADDRESS 221 N Bond

Spec.—8-24-14—M. & T.—2000 Bks.

B 6758

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 V 6758

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 Birckhead ST. 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna J Gollar

(Residence in Baltimore: No. 120 Birckhead St.; ..... yrs., 5 mos. 5 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb (Month) 10 (Day), 1917 (Year)

7-AGE, — yrs. 5 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Michael J Gollar

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Simmons

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Gollar

(Address) 120 Birckhead

15- JUL 15 1917 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1917, to July 14 1917, that I saw her alive on July 14 1917, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

.....Gastro enteritis.....

..... (Duration) .....yrs. .....mos. 10 ds.

CONTRIBUTORY (Secondary) Same

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) White Slater M. D.

7/15, 191 7. (Address) 1219 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem

DATE OF BURIAL, 7.16., 191.7

20-UNDERTAKER I. Frew McCully

ADDRESS 130 E. Fort

B 6739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 6739

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1603 Light St. ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Scherer.

(Residence in Baltimore: No. 1603 Light St.

St.; 45 yrs., 10 mos., 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	White.	Married.

6-DATE OF BIRTH, August, 23rd. 1871., 1 (Month) (Day) (Year)

7-AGE, 45 yrs. 10 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Laborer in

(b) General nature of industry, business, or establishment in which employed (or employer): Alcohol plant.

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. William Scherer.

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary Creamer.

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Scherer.(wife.)

(Address) 1603 Light St.

15- JUL 15 1917 191.. HARRY C. ANGELL Chief Bureau Vital Statistics Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July, 12th. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage.

(Duration) yrs. 1 mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

July, 13, 1917 (Address) 1017 S. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL [illegible] DATE OF BURIAL, July 16 1917

20-UNDERTAKER [illegible] ADDRESS [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Sthia Allen

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3121 Phila. ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sthia Allen

(Residence in Baltimore: No. 3121 Phila. ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	White	single

6-DATE OF BIRTH, April 27, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Ceuntry), Balt.

PARENTS.

10-NAME OF FATHER, Sylvester Allen

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Gardner

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sylvester Allen

(Address) 2131 Philadelphia

15-

Filed JUL 16 1917 191.... ROBERT P. KRAUTH

Burial Permit ....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1917, to July 15 1917, that I saw h.. alive on " " 1917, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Whooping cough

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

(Signed) A. C. Heaps M. D.

7/17, 1917. (Address) 2600 E. Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwartzbern DATE OF BURIAL, July 16, 1917

20-UNDERTAKER, Jos. J. Kerr ADDRESS 156 N. Luzerne ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6751

CERTIFICATE OF DEATH.

151 ✓

D 6765

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1436 Battery Av ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Coleman

(Residence in Baltimore: No. 1436 Battery Av St.; ...yrs., 3 mos. 21 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 15 (Day), 1917 (Year)

7-AGE, ...yrs. 3 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, August Coleman

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Margaret Frederick

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Coleman

(Address) 1432 Battery Av

15-

Filed JUL 16 1917, 191... ROBERT B. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 1917, to July 15 1917, that I saw h[illegible] alive on July 14 1917, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Marasmus due to Mal-Nutrition

(Duration) ...yrs. 2 mos. ...ds.

CONTRIBUTORY (Secondary) .....

(Duration) ...yrs. 2 mos. ...ds.

(Signed) W. H. Hamman Jun L. M. D.

July 16, 1917. (Address) 835 E. Lex St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Western Cemetery

DATE OF BURIAL, July 16, 1917

20-UNDERTAKER C. D. Fanning

ADDRESS 1460 Battery Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Catherine L. Reynard

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6762

CERTIFICATE OF DEATH.

41 ✓

D 6762

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2924 Hudson ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine L Reynard

(Residence in Baltimore: No. 2924 Hudson St.; 22 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 14, 1871
(Month) (Day) (Year)

7-AGE, 46 yrs. 5 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home maker
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), Va,

PARENTS.

10-NAME OF FATHER, John H Bush,

11-BIRTHPLACE OF FATHER (State or Country), Va,

12-MAIDEN NAME OF MOTHER Virginia Campbell

13-BIRTHPLACE OF MOTHER (State or Country), Va,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C M Reynard

(Address) 2924 Hudson

15- JUL 16 1917 Filed....., 191.... ROBERT P. KRAUTH Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1 1916, to June 14 1917, that I saw h[illegible] alive on July 14 1917, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

..... (Duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J R Dudley M. D.

....., 191... (Address) 22 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, July 16, 1917

20-UNDERTAKER Wm L Black — ADDRESS 927 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

D 6763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 6763

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Stricker ST.; 19 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Elliott

(Residence in Baltimore: No. 522 N Stricker St.; ..... yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 5 (Day), 1916 (Year)

7-AGE, Mos yrs. 10 mos. 10 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country), Del.

PARENTS.

10-NAME OF FATHER, Norman Elliott

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Minnie P. Haviti

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Norman Elliott

(Address) 622 N Stricker

15-

Filed JUL 16 1917 191... ROBERT B. KRAUTH Registrar. BURIAL PERMIT Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1917, to July 16 1917, that I saw h[illegible] alive on July 16 1917; and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Idio colites

(Duration) 1m yrs. no mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Raymond J. Hamm M. D.

July 16, 1917 (Address) 807 Fountain

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, July 16, 1917

20-UNDERTAKER N. S. Finch

ADDRESS 1921 N Pratt St

D 6764

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED No. C 130 D 6764

CITY OF BALTIMORE (No. 1217 Hillman St. 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thos. Melville

(Residence in Baltimore: No. 1217 Hillman St.; 32 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: April 8, 1885 (Month) (Day) (Year)

7-AGE: 32 yrs. 3 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Steel Cleaning Co.

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: Wm H. Melville

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Katherine Hullon

13-BIRTHPLACE OF MOTHER (State or country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Melville

(Address) 1217 Hillman St

15. Filed JUL 16 1917 1917 ROBERT B. KRAUTH BURIAL PERMIT Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 13, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1917, to July 1917, that I saw h[im] alive on July 13th 1917, and that death occurred, on the date stated above, at 3-30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema.

(Duration) yrs. mos. ds.

Contributory (SECONDARY): Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

(Signed) O M Melville M. D.

July 15, 1917 (Address) 1279 Hillman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: July 16 1917

20-UNDERTAKER: M. J. Flynn — ADDRESS: 1422 Light

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X-19 ✓ D 6765

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. Caroline Ellicott ST. 5 9 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Miller

(Residence in Baltimore: No. St.: 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Dont Know (Month) (Day) 1875 (Year)

7-AGE, 42 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country) Ireland

PARENTS.

10-NAME OF FATHER, Patrick Carty

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Catherine Connolly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Miller

(Address) Lauraville Balto Co Md.

15- Filed JUL 16 1917 191 ROBERT B. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 29 1917, to July 12 1917, that I saw h[illegible] alive on July 12 1917, and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Cause unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion (Duration) yrs. mos. ds.

(Signed) Henry Merkel M. D.

, 191... (Address) St Jos Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Dont Know

Former or usual residence Lauraville Balto. Co. Md.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery DATE OF BURIAL, July 14 191 7

20-UNDERTAKER M. J. Flynn ADDRESS 1423 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6766

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6766

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; ..... WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Zolnikky.

(Residence in Baltimore: No. 511 S. Pulaski St. St.; 11 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Sept. ....., 1906
(Month) (Day) (Year)

7-AGE, 10 yrs. 10 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, School boy
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, — Zolnikky

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ethel Furman

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1911 E. Balto St.

15- JUL 16 1917 ROBERT P. KRAUTZ

Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1917, to July 14 1917, that I saw h— alive on July 14 1917, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Pelvic Peritonitis
with probable Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

7/17, 191.7. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 511 S. Pulaski St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Blvd. DATE OF BURIAL, July 16, 191..

20-UNDERTAKER Jack Lewis ADDRESS 1911 E. Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6787

CERTIFICATE OF DEATH.

10 D 6787

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 S. Bradford St.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antoni Truszkowski

(Residence in Baltimore: No. 625 S. Bradford St.; 1 yrs., 10 mos. 26 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) 19 (Day), 1915 (Year)

7-AGE, 1 yrs. 10 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Child

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Peter Truszkowski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland.

12-MAIDEN NAME OF MOTHER Bronislawa Dombrowska

13-BIRTHPLACE OF MOTHER (State or Country), Russian-Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Truszkowski

(Address) 625 S. Bradford

15- JUL 16 1917 ROBERT P. KRAUTH

Filed....., 191.....

Burial Permit Register.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1917, to July 15 1917, that I saw him alive on July 15 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Tuberculosis - enteritis

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. J. Sammon M. D.

July 16, 1917. (Address) 2431 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, July 16, 1917

20-UNDERTAKER William Fiaskowski ADDRESS 618 Eastern Ave

Spec—5-19-18—M & T—500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6768

CERTIFICATE OF DEATH.

92 D 6768

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206½ McCulloch ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME John A Noonan

(Residence in Baltimore: No. 1206½ McCulloch St.; ....yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, January (Month) ..... (Day), 1872 (Year)

7-AGE, 45 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): United Railways

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Cornelius Noonan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Clifford

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bridget Noonan

(Address) 1206½ McCulloch St

15-

Filed JUL 16 1917, 191.....

ROBERT B. KRAUTH, Register.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1917, to July 14 1917, that I saw h.. alive on July 14 1917, and that death occurred, on the date stated above, at 3 30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Angina Pectoris (Duration) ....yrs. ....mos. 1 ds.

(Signed) 1372 Browne M. D.

July 16, 1917 (Address) 510 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, July ....., 1917

20-UNDERTAKER Martin Fahey & Son ADDRESS 516 Lafayette Ave

Spec.—8-24-14—[illegible] T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6769

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Vincents Inf Asylum. 37 D 6769

CITY OF BALTIMORE: (No. 1401 Division ST.; 14 WARD) REGISTERED NO. C.....

2-FULL NAME Kenneth Francis Jr Sales Phelps. (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. St Vincents Inf Asylum ST.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 31 (Month) (Day), 1917. (Year)

7-AGE, ...yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Leonard M. Parker.
(Address) 825 N. Fulton St.

15- JUL 16 1917 ROBERT B. KRAUTH
Filed....., 191.... Burial Permit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15 (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 31 1917, to July 15 1917, that I saw him alive on July 15 1917, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:
Hereditary Syphilis
Showing ulcerations of Extremities, and
Thrombosis
(Duration) ....yrs. ....mos. 2 0 ds.

CONTRIBUTORY (Secondary)
.... (Duration) ....yrs. ....mos. ....ds.

(Signed) Leonard M. C. Parker M. D.
July 15, 1917. (Address) 825 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs. 1 mos. 14 ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? Unknown
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, July 16 1917.

20-UNDERTAKER M Fahey's Sons — ADDRESS 606 Lexington

Spec.—5-19-13—M. & T.—500 Bks.

D 6770

HEALTH DEPARTMENT—CITY OF BALTIMORE

43 ✓ D 6770

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 Raborg St.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Glenn

(Residence in Baltimore: No. 702 Raborg St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. ? (Month) ? (Day) 1881 (Year)

7-AGE. 36 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Common Work
(b) General nature of industry, business, or establishment in which employed (or employer): Gen

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Stewart

(Address) 702 Raborg

15- JUL 16 1917 Filed ..... 191... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. July (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1917, to July 14 1917, that I saw h[illegible] alive on July 13 1917, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cancer of Breast

(Duration) ? yrs. ... mos. ... ds.

(Signed) Jno. G. Staehle M. D.

July 16 1917 (Address) 206 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemetery

DATE OF BURIAL. July 16th 1917

20-UNDERTAKER Joseph A Farrell

ADDRESS 2519 Division

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6771

CERTIFICATE OF DEATH.

28 D 6771

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 Hollins ST.; 24 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A Heim

(Residence in Baltimore: No. 1129 Hollins St.; 46 yrs., 8 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. 5th, 1870 (Month) (Day) (Year)

7-AGE, 46 yrs. 8 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Soldered & Sheet Metal Worker
(b) General nature of industry, business, or establishment in which employed (or employer): Own Factory

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Heim

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nettie L. Heim

(Address) 1129 Hollins St

15- JUL 16 1917 1917 ROBERT B. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1917, to July 15 1917, that I saw him alive on July 13 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Tuberculosis
2.
3.

(Duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Goitre

(Duration) yrs. 1 mos. ds.

(Signed) J. H. Kaufman M. D.

7-16-1917 (Address) 1 E Randall St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, July 18, 1917.

20-UNDERTAKER E & B Harle ADDRESS 115 E. West St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4356 Mad 5515

D 6772

Sarah Carroll

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Sarah C 6772

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 38 St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Carroll

(Residence in Baltimore: No. 1104 Argyle Av. St.; ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month) (Day), 1871 (Year)

7-AGE: 46 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Daniel Hudgins

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Hannah Bellapp

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mary L. Carroll

(Address): 1104 Argyle Ave

15- Filed JUL 16 1917, 191. ROBERT P. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 17 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 17, 1917, to July 12 1917, that I saw h.. alive on July 16 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis Sequel to Pyosalpinx

(Duration) yrs. 12 mos. ds.

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. 4 ds.

(Signed) [illegible] M. D.

July 17 1917 [Address] 1432 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1104 Argyle Ave

Former or usual residence 1104 Argyle Ave

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn DATE OF BURIAL: July 19th 1917

20-UNDERTAKER: Jamme Burgh ADDRESS: 1364 Mar

Spec.—8-24-14—M. & T.—2000 Bks.

Mary E Bayley

D 6773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

M40 6773

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2115 Etting St ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Bayley

(Residence in Baltimore: No. 2115 Etting St St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, August, 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. 10 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Patsy Perkins

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Katie Thompson

(Address) 2115 Etting St

15-

Filed JUL 16 1917 191.....

ROBERT A. KRAUTH
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 7 1915, to July 15 1917, that I saw her alive on July 14 1917, and that death occurred, on the date stated above, at 8 30a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. ds.

(Signed) William E Burton M. D.

July 15, 1917. (Address) 162 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, July 18, 1917

20-UNDERTAKER Hanover E Smith

ADDRESS 1314 Mary

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6774

CERTIFICATE OF DEATH.

104

D 6774

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 ? Ellerslie Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen G. Kernan

(Residence in Baltimore: No. 300 ? Ellerslie Ave St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Aug. 20 ....., 1910
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
7 yrs. 10 mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Eugene J. Kernan.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Chambers

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene J. Kernan

(Address) 300 ? Ellerslie Ave

15-

JUL 16 1917

Filed ....., 191.... ROBERT R. KRAUTER

Special Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16 R, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 R 1917, to July 16 R 1917, that I saw h[illegible] alive on July 16 R 1917, and that death occurred, on the date stated above, at 12 20 M. m.

The CAUSE OF DEATH* was as follows:

.....Enterocolitis.....

.....

..... (Duration) ....yrs. ....mos. 5 ....ds.

CONTRIBUTORY (Secondary) Died.....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) .....M. D.

July 16 R, 191.7 (Address) 2537 Guilford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Baltimore Cemetery	July 17, 1917.
20-UNDERTAKER Alfred E. Fuller	ADDRESS 221 N Brady

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 6775

CERTIFICATE OF DEATH.

104 D 6775

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 Mansdells ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franklin Granville Shockney

(Residence in Baltimore: No. 1913 Edgewood ave St.; 16 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. 23, 1901 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
16 yrs. 4 mos. 22 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Harry E Shockney

11-BIRTHPLACE OF FATHER (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Alice Davis

13-BIRTHPLACE OF MOTHER (State or Country) Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Harry Shockney

(Address) 1913 Edgewood ave

15-

Filed....., 191.....

ROBERT B. KRAFT

JUL 16 1917 Burial Permit

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1917, to July 16 1917, that I saw h alive on July 16 1917, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Uro-Cystitis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Ex-traumas

(Duration) yrs. mos. 4 ds.

(Signed) Wm J Bullard M. D.

July 16, 1917. (Address) 1928 N Calvert

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cem	July 17, 1917

20-UNDERTAKER	ADDRESS
Wm Cook	1026 N Howard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6776

CERTIFICATE OF DEATH.

104

REGISTERED NO. C D 6776

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1357 Andre ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn L Oliver

(Residence in Baltimore: No. 1357 andre St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: May 12, 1917 (Month) (Day) (Year)

7-AGE: ....yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Wm E Oliver

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Maggie White

13-BIRTHPLACE OF MOTHER (State or Country): "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Wm E. Oliver

(Address): 1357 Andre st

15-

Filed ....., 191.... ROBERT N. KRAUTER Registrar.

JUL 10 1917 Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 29 1917, to July 15 1917, that I saw him alive on July 14 1917, and that death occurred, on the date stated above, at 10-0 m.

The CAUSE OF DEATH* was as follows:

Dyspepsia

about 2

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. 2 mos. ....ds.

(Signed) Maurice Jos M. D.

July 16, 1917. (Address) 1130 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, July 17, 1917.

20-UNDERTAKER Wm Cook — ADDRESS 1121 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 6772. D 6772.

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Homestead ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Parlette

(Residence in Baltimore: No. 1720 Homestead St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. (Month) 13 (Day) 1895 (Year)

7-AGE, 21 yrs. 11 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER Richard Drennan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Carey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Cath. Drennan

(Address) 1720 Homestead St.

15-

Filed JUL 16 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1917, to July 15 1917, that I saw h[illegible] alive on July 14 1917, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Alma P. Leonard M. D.

July 16, 1917. (Address) 718 N. Patterson Pk.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, July 18, 1917

20-UNDERTAKER J. J. Curran ADDRESS 901 Fulton

Spec.—8-24-14—M. & T.—2000 Bks.

D 6778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 | D 6778

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 18 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Watts

(Residence in Baltimore: No. 15 N. Curtis Bay Avenue St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 29 (Day), 1917 (Year)

7-AGE, 0 yrs. 0 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Edwin Raney

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER Sophie Watts

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A M Brault

(Address) John Hopkins Hospital

15- JUL 16 1917

Filed....., 191.... ROBERT B. KRAUTH Registrar.

Burial Permit

980

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to ....191....,
that I saw h... alive on ....191....,
and that death occurred, on the date stated above, at 10 A.m.
The CAUSE OF DEATH* was as follows:

Premature birth - 4 months
for hrs.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs....mos....ds.

(Signed) ..... (Duration) ....yrs....mos....ds.

July 17, 1917 (Address) ..... M. D.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 12 ds. In the State 2nd yrs. 0 mos. 12 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL, JUL 14 1917

20-UNDERTAKER ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner Health
Dept. Vit. Statistics

Spec.—8-24-14—M. & T.—2000 Bks.

D 6779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 ✓ D 6779.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 Pierce ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Jones

(Residence in Baltimore: No. 929 Pierce St.; 50 yrs. 11 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 18.6.6 (Year)

7-AGE, 50 yrs. 11 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Pd Quarantine

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Bacon

11-BIRTHPLACE OF FATHER (State or Country) Howard Co Md

12-MAIDEN NAME OF MOTHER Adaline Clemons

13-BIRTHPLACE OF MOTHER (State or Country), Williamsport Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. A. Jones

(Address) 929 Pierce

15- JUL 16 1917 Filed....., 191.... ROBERT B. KRUGER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to July 14 1917, that I saw h alive on July 14 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart - Cardiac Dilatation (Duration) Autopsy yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

..... (Duration) yrs. mos. ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, July 17th, 1917.

20-UNDERTAKER Felix B. Pyf.

ADDRESS 102 E. Mulberry St.

Spec.—8-24-14—M. & T.—2000 Bks.

Edward Moravitz

D 6780

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6780

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Morawitz

(Residence in Baltimore: No. Mercy Hosp St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ...January...., 1862
(Month) (Day) (Year)

7-AGE, 55 yrs. .... mos. .... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Clothing

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Moravitz

(Address) West Point Va.

15- JUL 16 1917

Filed ....., 191.... ROBERT B. KRAUTZ Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14 1917, to July 15 1917, that I saw him alive on July 12 1917, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

(Myocarditis

(Duration) ....yrs. 20 mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. .... mos. ....ds.

(Signed) Edward A. Duncan M. D.

July 15, 1917 (Address) (Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (Myocarditis

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. 1 mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence West Point Va.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship DATE OF BURIAL, July 17, 1917

20-UNDERTAKER Harry Lindheim ADDRESS 1108 N. Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6781 HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 6781

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1209 Smith St. 16 Ward)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith B. Ellison

(Residence in Baltimore: No. 1209 Smith St.; yrs. 4 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE, ... yrs. 3 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Leonard Ellison

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Emma Redmon

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Redmon

(Address) 1209 Smith St

15- JUL 16 1917 Filed ....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

July 13, 1917 (Address) 710 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn | DATE OF BURIAL, July 16, 1917

20-UNDERTAKER James H. Dennis | ADDRESS 1303 Presstman

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6782 D 6782

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Bruce St.; 25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Chenowith

(Residence in Baltimore: No. 2607 Bruce St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE, W.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)

6-DATE OF BIRTH, July 8, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jno Chenowith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Hack Rhodes

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed JUL 16 1917, 191.... ROBERT B. KRAUTH
Registrar.

Burial Permit 1983

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 1917, to July 12 1917, that I saw h.r alive on July 12 1917, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth

" Cranium

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs. ....mos. ....ds.

(Signed) O. S. Lee M. D.

July 16, 191.7 (Address) 750 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND JUL 16 1917

Commissioner of Health.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6783

CERTIFICATE OF DEATH.

120 D 6783

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mattie Hazlow

(Residence in Baltimore: No. 1335 Carroll St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) January (Day) ; 1865 (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George Hooks

11-BIRTHPLACE OF FATHER (State or Country), Ohio.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ohio.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Chas. B. Heartley

(Address) 301 Walnut St. Howard N

15-

Filed JUL 16 1917 191... ROBERT B. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 14 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1917, to July 13 1917, that I saw h Er alive on July 13 1917, and that death occurred, on the date stated above, at 5.20 A m.

The CAUSE OF DEATH* was as follows:

Chronic Mitro cardial Insufficiency
Chronic Interstitial Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ..... yrs. not known mos. ..... ds.

(Signed) B B Baumgardner M. D.

July 14, 1917. (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 8 ds. In the State not known yrs. mos. ds.

Where was disease contracted, if not at place of death? not known.

Former or usual residence 1335 Carroll St.

19-PLACE OF BURIAL, OR REMOVAL, Milton Del

DATE OF BURIAL, July 18 191...

20-UNDERTAKER Samuel Hemsley

ADDRESS 5 Rivard Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Clifton G. Boone

D 6784

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 D 6784

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1321 Sheilds alley ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Clifton Grayton Boone

(Residence in Baltimore: No. 1321 Sheilds alley St.; yrs. 7 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May (Month) 12 (Day), 1917 (Year)

7 AGE: ..... yrs. 2 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: James Boone

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Raggged

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Rugged

(Address) 1321 Shields Alley

15 Filed JUL 16 1917, 191 ROBERT B. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 14 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1917, to July 17 1917, that I saw h— alive on July 14, 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum ..... (Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Exhaustion ..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. J. Rosle M. D.

July 15, 191.. (Address) 208 Clark

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem — DATE OF BURIAL: July 15 1917

20 UNDERTAKER: Samuel S. Hender — ADDRESS: 5 Fulton Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6785

CERTIFICATE OF DEATH.

40 D 6785

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Bailey

(Residence in Baltimore: No. 19 S. Carlton St St.; 30 yrs.,.....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Married

6-DATE OF BIRTH, February 16, 1865
(Month) (Day) (Year)

7-AGE, 52 yrs. 5 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Bailey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Howard

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

15- Filed JUL 16 1917, 191..... ROBERT B. KRAUTH Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16 1917, to July 14 1917, that I saw him alive on July 14 1917, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Obstruction

(Duration) yrs. 2 mos. ds.

(Signed) G. H. Bloomfield M. D.

July 14 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 29 ds. In the State ✓ yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 19 S. Carlton St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
W. Baltimore	July 17, 191 7
20-UNDERTAKER	ADDRESS
Wm. H. Shaw & Sons	Woodlawn

Spec.—8-24-14—M. & T.—2000 Bks.

D 6786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 ✓ D 6786

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2305 Harlem av 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H Gallion

(Residence in Baltimore: No. 2305 Harlem av St.; ... yrs., ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, May 24 (Month) (Day), 1840 (Year)

7-AGE, 77 yrs. 1 mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Harford Co Md

PARENTS.

10-NAME OF FATHER, John H. Gallion

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Kolker

(Address) 2305 Harlem av

15- ROBERT E. LEE

Filed JUL 16 1917, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 1916, to July 15 1917, that I saw h[illegible] alive on July 15 1917, and that death occurred, on the date stated above, at 2.40 p.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Duration 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. L. Farr M. D.

July 16, 1917 (Address) 12 E. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, July 18, 1917

20-UNDERTAKER Will Cook

ADDRESS 1026 North Ave

Go Front 12 to 25th

B'D 6787.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B'D 6787.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital St.: 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Russell

(Residence in Baltimore: No. 2424 N. Baltimore St.; yrs. Life time mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) Not Known (Day) ..... (Year)

7-AGE, 21 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Boiler Maker's
(b) General nature of industry, business, or establishment in which employed (or employer)..... Sleeper

9-BIRTHPLACE, (State or Country) Maryland.

PARENTS.

10-NAME OF FATHER, William Russell

11-BIRTHPLACE OF FATHER (State or Country) Howard Cond

12-MAIDEN NAME OF MOTHER Melvina Musgrove

13-BIRTHPLACE OF MOTHER (State or Country). Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ada M Russell

(Address) 2424 N Bald St

15-

Filed JUL 16 1917, 191.. HARRY C. ADKINS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Shock following Burns Caused by Escaping Steam after Cylinder Head blew off at Mt Clair Shops Accidental

Inquest Calen (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. D. Driscoll M. D. (Coroner)

July 14, 1917 (Address) 312 W Carroll St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, JUL 17 1917

20-UNDERTAKER Geo A Gerig ADDRESS Bath & Hayward St

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6788

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2633 Pema Ave ST.: 13 WARD)

Registered No. C 1720 D 6788

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Christina Nasmuth

(Residence in Baltimore: No. 2633 Pennsylvania Ave ST.: Same yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Dec 23 (Month), 1849 (Year)

7 AGE: 67 yrs. 6 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balti Co. Md.

PARENTS

10 NAME OF FATHER: Frederick Essig

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Kasler

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Nasmuth
(Address) 2633 Pennsylvania ave

15 Filed JUL 16 1917, 191 HARRY G. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 14 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1910, to July 14th, 1917,
that I saw h alive on July 13th, 1917,
and that death occurred, on the date stated above, at 5:00 a.m.
The CAUSE OF DEATH* was as follows:

Chronic endocarditis

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) Cardiac Dilitation

(Duration) yrs. 6 mos. ds.

(Signed) William Norris, M. D.

July 15th, 1917 (Address) 1202 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: July 24, 1917

20 UNDERTAKER: Daniel Taylor — ADDRESS 916 Penna

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B D 6789

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6789

105

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 S. Grove St.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Macioleк

(Residence in Baltimore: No. 817 S. Grove St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 7, 1914
(Month) (Day) (Year)

7-AGE, 3 yrs. 8 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Macioleк

11-BIRTHPLACE OF FATHER (State or Country), austria

12-MAIDEN NAME OF MOTHER, Mary Zaslo

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Macioleк

(Address) 817 S. Grove St

15-

Filed ....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1917, to July 15 1917, that I saw h[er] alive on July 15 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal
Intoxication with Convulsions
(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. C. Kolmorgen M. D.

July 15 191.. (Address) 1116 S. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem — DATE OF BURIAL, July 17, 1917

20-UNDERTAKER Stephen J. Tuskowski — ADDRESS 1424 Hanover Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B D 6790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 6790

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 S Bonney ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stella Fazzi

(Residence in Baltimore: No. 1019 S Bonney St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, Dec (Month) 12 (Day), 1916 (Year)

7-AGE, ... yrs. 7 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Fazzi

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Jenie Kozoniak

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Kozoniak

(Address) 1019 S Bonney St

15-

Filed JUL 16 1917, 191... HARRY C. ANDREWS Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1917, to July 16 1917, that I saw h[illegible] alive on July 16 1917, and that death occurred, on the date stated above, at 1[illegible] m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

..... (Duration) ..... yrs. ..... mos. all ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. A. Kaufman M.D.

July 16, 191... (Address) 1616 S. Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's Cem Dear — DATE OF BURIAL, July 18, 1917

20-UNDERTAKER Stephen Gallagher — ADDRESS 1019 S Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6791 HEALTH DEPARTMENT—CITY OF BALTIMORE ID 6791

CERTIFICATE OF DEATH. 104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 S. Paca ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James L. Welsh

(Residence in Baltimore: No. 607 S. Paca St.; 1 yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb 14, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 5 mos. ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, James Welsh

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Peck

13-BIRTHPLACE OF MOTHER (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Welsh

(Address) 607 S. Paca

15-

Filed....., 191.... HARRY C. ANDREWS Clerk

JUL 16 1917 Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 191.., to July 16 191.., that I saw h.. alive on July 16 191.., and that death occurred, on the date stated above, at 4.50 p.m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ....yrs. 4 mos. 10 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. 3 mos. ds.

(Signed) W. H. Strinkmeyer M. D.

....., 191.. (Address) 607 S. Paca St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery DATE OF BURIAL. July 16.., 191..

20-UNDERTAKER M. D. Flynn ADDRESS 1422 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6732

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 6792

1 PLACE OF DEATH

REGISTERED No. C 120

CITY OF BALTIMORE (No. 3329 Paine St. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Sullivan

(Residence in Baltimore: No. 3329 Paine St. 9 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 4, 1847 (Month) (Day) (Year)

7-AGE: 70 yrs. 4 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Labourer
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9-BIRTHPLACE (State or country): New York

PARENTS

10-NAME OF FATHER: John Sullivan

11-BIRTHPLACE OF FATHER (State or country): New York

12-MAIDEN NAME OF MOTHER: Sarah (maiden name unknown)

13-BIRTHPLACE OF MOTHER (State or country): New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. James H. Sullivan

(Address) 3329 Paine St

15

Filed JUL 16 1917, 191 ..... HARRY C. ANDREE
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 16 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 17, 1917, to Jul. 15 1917.
that I saw h-- alive on July 15, 1917.
and that death occurred, on the date stated above, at 6:30 a m.
The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) 4 yrs. mos. ds

Contributory (SECONDARY) Uremia

(Duration) yrs. 3 mos. ds.

(Signed) Benjamin Baker M. D.

July 16, 1917 (Address) 252 N. Payson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: July 18, 1917

20-UNDERTAKER: Thos. W. Wilson — ADDRESS: Chestnut Ave

B D 6793

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 6793

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 511 W. 28 St ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna E Miller

(Residence in Baltimore: No. 511 W. 28 St St.; yrs. 10 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, Sep 6 (Month) (Day), 1916 (Year)

7-AGE, yrs. 10 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John F Miller

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Rachel E Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Miller

(Address) 511 W. 28 St

15- Filed July 16 1917, 19.. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intero colites

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John F Mowbray M. D. (Coroner.)

July 16 1917. (Address) 634 Rolandpark

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Mt Carmel Balto Co — DATE OF BURIAL, July 17 19 17

20-UNDERTAKER Thanhauser & Son — ADDRESS Chestnut St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6794 HEALTH DEPARTMENT—CITY OF BALTIMORE D 6794

B 62

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 901 W North Ave (St.) (WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Richard Busey

(Residence in Baltimore: No.) 901 W North Ave (St.) Like (yrs.) (mos.) (ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH, November 25, 1871 (Month) (Day) (Year)

7-AGE 45 yrs. 7 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Horseshoer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto

PARENTS.

10-NAME OF FATHER, John Busey

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Clara M Hogg

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Frances Busey

(Address) 901 W. North ave

15- JUL 16 1917

Filed....., 191.... HARRY C. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 15 1912 to July 14 1917, that I saw h.m alive on July 14 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J O'Donnell M. D.

July 15, 1917 (Address) 7 E Lex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, July 17, 1917

20-UNDERTAKER F. A. Kramer — ADDRESS 703 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spcc.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6795

CERTIFICATE OF DEATH.

29 D 6795

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 Frederick Ave. ST.; 80 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Weisinger

(Residence in Baltimore: No. 3201 Frederick Ave. St.; Life yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 10 74, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robert Weisinger

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Carrie Rittershofer

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Weisinger

(Address) 3201 Frederick Ave.

15- JUL 16 1917

Filed....., 191.....

HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1917, to July 15 1917, that I saw him alive on July 15 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute Tuberculosis Meningitis

(Duration) 2 yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. A. Bruce M. D.

7/16, 191.7 (Address) Emmitsburg Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, July 17, 1917

20-UNDERTAKER Charles H. Zell ADDRESS 3187 Frederick Ave.

B 6796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 D 6796

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST. ✝ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Ely, Jr.

(Residence in Baltimore: No. Hotel Joyce. Camden St.

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 38 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Traveling Salesman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, James E. Ely.

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Georgianna Ball

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas E. Ely Jr.

(Address) Forest Hill Md

15-

Filed JUL 16 1917, 191.. HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Caused by pistol shot in head (Suicide)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Albert D. Driscoll M. D. (Coroner)

July 16, 191.. (Address) 512 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Hotel Joyce

Former or usual residence Forest Hill Md

19-PLACE OF BURIAL, OR REMOVAL, Forest Hill Md

DATE OF BURIAL, July 17, 1917

20-UNDERTAKER W. J. Lickner & Co

ADDRESS North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

John Schueler

D 6797

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 ✓ D 6797,

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 801 N Washington St.: 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Schueler.

(Residence in Baltimore: No. 801 N Washington St.: 2 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Maryland June 18 1872 (Month) (Day) (Year)

7 AGE: 45 yrs. 2 mos. 26 ds. If LESS than 1 day, hrs. or min.

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Christian Schueler

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Berger

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Latz

(Address) 801 N Washington St

15

Filed JUL 16 1917 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 14, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 13, 191.., to July 14 1917.

that I saw h.. alive on July 13, 1917.

and that death occurred, on the date stated above, at 1 Am.

The CAUSE OF DEATH* was as follows:

Bright's Disease

Chronic (Duration) 1 yrs. 4 mos. ds

Contributory (SECONDARY) Acute nephritis (Duration) 10 days yrs. mos. ds.

(Signed) Geo J Young M. D.

July 16, 191.. (Address) 451 E 20th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Oak Lawn — DATE OF BURIAL: July 17, 1917

20 UNDERTAKER: W J Hartley — ADDRESS: 2012 E Madison St

Spec.—8-24-14—M. & T.—2000 Bks.

Mattie Finney

D 6798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 64 D 6798

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 Somerset ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mattie Finney

(Residence in Baltimore: No. 427 Somerset St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	Single

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
40 yrs. — mos. — ds.	....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unkes Holland

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ollie Taylor Daughter

(Address) 427 Somerset St

15-

Filed JUL 16 1917, 191.....

HARRY [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 15 ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6/17 1917, to July 15 1917, that I saw her alive on July 15 1917, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

.....

.....

..... (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Nephritis following La Grippe

Menopause (Duration) ....yrs. 1 mos. ....ds.

(Signed) R. A. Elliott M. D.

July 16, 1917. (Address) 1522 Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, July 17 191 7.

20-UNDERTAKER Wm R A Elliott ADDRESS 506 East St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6799

CERTIFICATE OF DEATH.

D 6799

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1140 Scott ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lura M. Parks

(Residence in Baltimore: No. 1140 Scott St St.; Lifetime yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March 12, 1899
(Month) (Day) (Year)

7-AGE, 18 yrs. 4 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Basting
(b) General nature of industry, business, or establishment in which employed (or employer): Levy Straw Fac

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Wm. A. Parks

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER, Margaret Nazaranus

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Parks

(Address) 1140 Scott St.

15-

Filed....., 191.... HARRY C. ANDREWS

Burial Fe... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1917, to July 15 1917, that I saw her alive on June 14 1917, and that death occurred, on the date stated above, at 2.20 P.M.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

(Duration) 3? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(Duration) yrs. mos. 2 ds.

(Signed) J. M. Drewett M. D.

July 15, 1917. (Address) 621 Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery

DATE OF BURIAL, July 17, 1917.

20-UNDERTAKER Mrs. John W. Siegel

ADDRESS 801 N. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 6800

HEALTH DEPARTMENT—CITY OF BALTIMORE

42

D 6800

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna E. Leaman

(Residence in Baltimore: No. 433 Glover St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 6 (Month) (Day), 1849 (Year)

7-AGE, 68 yrs. 1 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Edward Johnston

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Leaman

(Address) 433 N. Glover St

15-

Filed ..... 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14 (Month) (Day), 1917. (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1917, to July 14, 1917, that I saw her alive on July 14, 1917, and that death occurred, on the date stated above, at 1.00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ovary with
omental Metastasis (?)
(Autopsy now going on)

(Duration) ..... yrs. 1+ mos. ..... ds.

CONTRIBUTORY. (Secondary) Intestinal Obstruction

(Duration) ..... yrs. 1+ mos. 10 ds.

(Signed) M B Lewis M. D.

7/14, 1917. (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 14 ds. In the State 35 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 433 Glover St,

Former or usual residence "

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, July 17, 1917.

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 6801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C Hara (nee Kraus)

(Residence in Baltimore: No. 940 y Linden St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Nov (Month) 10 (Day), 1894 (Year)

7-AGE, 22 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Andrew Kraus

11-BIRTHPLACE OF FATHER (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER. Erna Heing

13-BIRTHPLACE OF MOTHER (State or Country). Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Kraus

(Address) 1915 E. Eager st

15- ROBERT B. KRAUTER

Filed JUL 17 1917, 191. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Suicide, Asphyxia, Carbolic acid,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Gurley M. D.

(Coroner)

July 16 1917. (Address) 11 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 22 yrs. mos. ds.

Where was disease contracted, if not at place of death? 940 y Linden

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Bohemian Cem. DATE OF BURIAL. July 18 1917

20-UNDERTAKER Sirkler & Sirkler ADDRESS 1739 E. Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 6802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C 104 D 6802

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1342 Washington St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman A Taylor

(Residence in Baltimore: No. 1342 Washington St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Baby

6-DATE OF BIRTH, ... (Month) Oct 21 (Day), 1916 (Year)

7-AGE, ... yrs. 8 mos. 24 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, John Taylor

11-BIRTHPLACE OF FATHER (State or Country), Balto,

12-MAIDEN NAME OF MOTHER, Lydia Kasey

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lydia Taylor

(Address) 1324 N Washington

15- Filed JUL 17 1917, 191... ROBERT B. KRAUSE Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) July 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

..... (Duration) ..... yrs. ..... mos. 2 da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) H. R. Quinlan (Coroner.) M. D.

July 16, 191.., (Address) 911 E. Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, July 17, 1917

20-UNDERTAKER, Zirkler Zirkler — ADDRESS 1739 E. Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 169 D 6803

REGISTERED No. C

1-PLACE OF DEATH Balt & Ethno Pears Lane

CITY OF BALTIMORE (No. 1545 S Clinton ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hellen Elyzabeth Armstrong

(Residence in Baltimore: No. 1545 S Clinton St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, November 10, 1907 (Month) (Day) (Year)

7-AGE, 9 yrs. 8 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Armstrong

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary E Bear

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Armstrong

(Address) 1513 S Clinton

15- JUL 17 1917 ROBERT, B. KRAUTER

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said.....(Inquest, autopsy or inquiry.) find that said deceased came to 9:45 XX death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) Thomas Ryan Fuss M. D. (Coroner.)

....., 191.7 (Address) 1616 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel

DATE OF BURIAL, July 17 1917

20-UNDERTAKER Wendell Ryfel

ADDRESS 378 Pa

Elizabeth Swan.

D 6301

HEALTH DEPARTMENT—CITY OF BALTIMORE

150 ✓

D 6301

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1512 Riggs Ave ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Swan

(Residence in Baltimore: No. 1512 Riggs Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	colored	Single

6-DATE OF BIRTH, ... July (Month) 12 (Day), 1917 (Year).

7-AGE, ... yrs. ..... mos. 4 ds. If LESS than 1 day, ...hrs. or....mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....—
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Swan

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Annie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Brown

(Address) 1512 Riggs Ave

15- JUL 17 1917 ROBERT B. KRAUSE Burial Permit Clerk

Filed....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 16 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Blue baby.
Heart lesion.

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) T. C. Smith M. D.
(Coroner)

July 17 191.7 (Address) 910 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St Peters Cem	July 17, 1917
20-UNDERTAKER	ADDRESS
Edw Ruggold	1763 N Carey St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Paul D. Moran

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6805

CERTIFICATE OF DEATH.

6 79 D 6805

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Clifton Park ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul D Moran

(Residence in Baltimore: No. 422 N Kingsley, St.; yrs., mos. ds.)

Street

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, April 22, 1899
(Month) (Day) (Year)

7-AGE 18 yrs. 10 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk Stock
(b) General nature of industry, business, or establishment in which employed (or employer) 004

9-BIRTHPLACE, (State or Country), Balto,

PARENTS.

10-NAME OF FATHER, Raf J Moran

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Katie Malone

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Moran

(Address) 422 Kingsley

15- JUL 17 1917 ROBERT N. KRAUSE

Filed....., 191.... Registrar

Burial Perm

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C K Gundry M. D.
Coroner

July 18, 191.. (Address) 711 E Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? California

Former or usual residence Balto

19-PLACE OF BURIAL, OR REMOVAL, Bath Cem DATE OF BURIAL July 18 1917

20-UNDERTAKER Philip Kenny ADDRESS 2016 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6306

HEALTH DEPARTMENT--CITY OF BALTIMORE

1 PLACE OF DEATH

CERTIFICATE OF DEATH

170 D 6306

REGISTERED No. C .....

CITY OF BALTIMORE (No. Aged Mens & Womens Homes ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME George T Thompson

(Residence in Baltimore: No. 1622 Druid Hill Ave St.; ..... yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colrd

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1834 (Year)

7-AGE: 83 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Samuel Thompson

11-BIRTHPLACE OF FATHER (State or country): md

12-MAIDEN NAME OF MOTHER: Lucy Holmes

13-BIRTHPLACE OF MOTHER (State or country): md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lucy Reynolds

(Address) 663 Mulberry St

15. Filed JUL 17 1917 ROBERT B. KLAUTER BUREAU OF VITAL STATISTICS Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 16 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from April 25, 1917, to July 16 1917, that I saw h[illegible] alive on July 15 1917, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Tabacute Interstitial Nephritis

(Duration) yrs. 2 mos. 3 ds

Contributory (SECONDARY) Tabacute Interstitial Nephritis (Duration) yrs. 2 mos. 3 ds.

(Signed) Edw J Fitzgerald M. D.

7/17, 1917 (Address) 1118 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 7 yrs. — mos. — ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: July 17, 1917

20-UNDERTAKER: John H Tradum — ADDRESS 14½ Wolfe St

Spec.—8-24-14—M. & T.—2000 Blks.

6807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6807

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 Hanover ST.; 22 WARD) REGISTERED No. C

2-FULL NAME James Edward Robinson

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

(Residence in Baltimore: No. 824 Hanover St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, [illegible], 1883
(Month) (Day) (Year)

7-AGE, 34 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Stafford Robinson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Susan Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan Robinson

(Address) 824 Hanover St

15- JUL 17 1917 Filed, 191. ROBERT B. KRAUTH Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1917 to July 16 1917, that I saw him alive on July 16 1917, and that death occurred, on the date stated above, at 10:10 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) Pyemia

(Duration) 7 yrs. mos. 3 ds.

(Signed) Jno. H. Tompkins M. D.

July 16, 191. (Address) 1919 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, 7-19-, 191.7.

20-UNDERTAKER Geo. H. Tradwin — ADDRESS 1113 W. Mile

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6308 ✓ D 6308

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Stein

(Residence in Baltimore: No. 1044 Granby St.; 1 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, December, 1837
(Month) (Day) (Year)

7-AGE, 80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Theodore

(Address) 1044 Granby St

15- Filed JUL 17 1917, 191.. ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7/10 1917, to 7/16 1917, that I saw h[illegible] alive on 7/16 1917, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

9 months

(Duration) yrs. 9 mos. 6 ds.

CONTRIBUTORY (Secondary) cardiac degeneration (Duration) yrs. — mos. 6 ds.

(Signed) M B Lavin M. D.

7/16, 191.7 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 6 ds. In the State 10 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 1044 Granby St

Former or usual residence ,, ,,

19-PLACE OF BURIAL OR REMOVAL, Hebrew Blair Rd — DATE OF BURIAL, July 17, 1917

20-UNDERTAKER Sol Levinson — ADDRESS 1107 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. A. F. E.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6809 64 D 6809

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 N. Carrollton Ave St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Riley

(Residence in Baltimore: No. 400 N. Carrollton ave St.; 71 yrs., 5 mos. 3 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. February 12, 1846
(Month) (Day) (Year)

7-AGE. 71 yrs. 5 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... at Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Peter Nolan

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Angela Riley

(Address) 400 N. Carrollton Ave

15- JUL 17 1917 ROBERT B. KRAUS
Filed....., 191.....
Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 1917, to July 14th 1917, that I saw her alive on July 14th 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Sclerosis

(Duration) 7 yrs. ..... mos. ..... ds.

(Signed) Howard Wilcox M. D.

July 15, 1917. (Address) 701 Hoover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cemetery DATE OF BURIAL. July 17 1917.

20-UNDERTAKER Chas. G. Black ADDRESS 120 W. Mulberry

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6810

CERTIFICATE OF DEATH.

REGISTERED No. C D 6810

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 S Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E Van Hill

(Residence in Baltimore: No. 108 S Gilmor St.; yrs., mos., da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 9 (Day), 1852 (Year)

7-AGE, 65 yrs. — mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Supt Reserve Dept
(b) General nature of industry, business, or establishment in which employed (or employer): Van Hill Reserve Co

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stephen Van Hill

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sarah Van Hill

(Address) 108 S Gilmor St.

15- Filed JUL 17 1917 191... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 15 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 8 1917, to July 15 1917, that I saw h[illegible] alive on July 15 1917, and that death occurred, on the date stated above, at 6.40 p. m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) Hyperidrosis

(Duration) ...yrs. ...mos. 7 ds.

(Signed) Mason Smith M. D.

July 17, 1917. (Address) 108 N Bulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, July 18, 1917

20-UNDERTAKER Harry D. Metzger

ADDRESS 153 W Lombard St.

Dora Eastbauch

Spec.—8-24-14—M. & T.—2000 Bks.

D 6811

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6811

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Eastbauch

(Residence in Baltimore: No. 302 N. Eden Street St.; 1 yrs., ... mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 10 (Day), 1916 (Year)

7-AGE, ... yrs. 1 mos. 6 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of Industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto city Md

PARENTS.

10-NAME OF FATHER, Louis Eastbauch

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Jennie Steinberg

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Sours

(Address) 1411 E. Balto St

15-JUL 17 1917 ROBERT B. KRAUT

Filed ....., 191... SUPT. VITAL STATISTICS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16 (Month) 17 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 191 7, to July 16 191 7, that I saw him alive on July 16 191 7, and that death occurred, on the date stated above, at 9:50 m.

The CAUSE OF DEATH* was as follows:

Gastro intestinal indigestion, weak

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. F. Sours M. D.

....., 191... (Address) J. H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 302 N. Eden St.

19-PLACE OF BURIAL OR REMOVAL, Holbrook Mt. Carmel — DATE OF BURIAL, July 17, 1917.

20-UNDERTAKER Jack Sours — ADDRESS 1411 E. Balto. St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 6812

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tenevere Jakus

(Residence in Baltimore: No. 641 N. Loudon St St.; ....yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 18, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 28 ds.

If LESS than 1 day, ...hrs. or....mtn.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ind.

PARENTS.

10-NAME OF FATHER, Pius Jakus.

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Helen Jurkowski

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- JUL 17 1917 ROBERT B. KRAUTH

Filed ..... 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1917, to July 16 1917, that I saw her alive on July 16 1917, and that death occurred, on the date stated above, at 3 30 m.

The CAUSE OF DEATH* was as follows:

Intestinal indigestion acute

(Duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry B. Conrad M. D.

July 16, 191.7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 641 N. Loudon St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, July 17, 1917

20-UNDERTAKER John Gobelianeas

ADDRESS 435 S. Paca St

Clara E. Norsk.

D 6813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

138 D 6813

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 327 E. Lafayette Ave ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Clara E. Norsk

(Residence in Baltimore: No. 327 E. Lafayette Ave St. (or R.F.D.) Liv mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, November 24, 1872
(Month) (Day) (Year)

7-AGE, 44 yrs. 8 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Co.

PARENTS.

10-NAME OF FATHER, Wm. H. Billingsley

11-BIRTHPLACE OF FATHER (State or Country), Balto Co.

12-MAIDEN NAME OF MOTHER Ella Gamble

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nela Norsk

(Address) 327 E. Lafayette

15- ROBERT R. KRAUTH

Filed JUL 17 1917 191 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (~~Inquest, autopsy or~~ inquiry.) thereon and from the evidence obtained by said Inquest (~~Inquest~~, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Incomplete Abortion

Ten days Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxaemia

Ten days (Duration) yrs. mos. ds.

(Signed) W. J. Riley M. D.
(Coroner.)

July 17, 1917. (Address) 1639 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, July 17, 1917

20-UNDERTAKER Wm. Cook

ADDRESS 502 E North

R. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6814

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6814

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; ..... WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Davis

(Residence in Baltimore: No. Mercy Hospital St.; 44 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Nov. 17, 1854 (Month) (Day) (Year)

7-AGE, 62 yrs. 8 mos. 0 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General D.

9-BIRTHPLACE, (State or Country). Austria

PARENTS.

10-NAME OF FATHER, Wm Hundeholz

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Marie Poland

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) Albert St.

15-

Filed JUL 17 1917, 191.. ROBERT B. KRAUTH Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1917, to July 17 1917, that I saw her alive on July 17 1917, and that death occurred, on the date stated above, at 5:35 a. m.

The CAUSE OF DEATH* was as follows:

Acute Glomerulo Nephritis

(Duration) Days yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward D. Davis M. D.

July 17, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 15 ds. In the State ..... yrs. Life mos. ..... ds.

Where was disease contracted, if not at place of death? Saunders Race Md.

Former or usual residence Saunders Race Md.

19-PLACE OF BURIAL OR REMOVAL Greenmount Cem. DATE OF BURIAL, July 19, 191.7

20-UNDERTAKER P. J. Taylor & Son ADDRESS 13 N. Eagle St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 6815

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3102 E. Baltimore ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mabel Kelly

(Residence in Baltimore: No. 3102 E. Baltimore St.; ..... yrs., 4 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Feb. (Month) 20th (Day), 1891. (Year)

7-AGE, 26 yrs. 4 mos. 25 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Charles Witzle

11-BIRTHPLACE OF FATHER (State or Country), Prussia

12-MAIDEN NAME OF MOTHER Aleine Olsen

13-BIRTHPLACE OF MOTHER (State or Country), Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James A. Kelly

(Address) 3102 E. Baltimore St.

15-

Filed JUL 17 1917, 191.... ROBERT B. KRAUTH

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 15 (Day), 191.. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 191.., to July 14 191..,
that I saw her alive on July 4 191..,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Intestinal Tuberculosis

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. K. Gundry M. D.

July 17, 191.. (Address) 1958 E. Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Int. Carmel Cemy. DATE OF BURIAL, July 17., 191.7.

20-UNDERTAKER L. P. Moran ADDRESS 3000 E. Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 6816

HEALTH DEPARTMENT—CITY OF BALTIMORE

105 ✓

D 6816

CERTIFICATE OF DEATH.

1-PLACE OF DEATH General German Aged People's Home REGISTERED No. C.....

CITY OF BALTIMORE: (No. Baltimore & Payson St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Herald

(Residence in Baltimore: No. Baltimore & Payson St. St.; 27 yrs.,.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE,~~ ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) widow

6-DATE OF BIRTH, April (Month) 15 (Day), 1843 (Year)

7-AGE, 74 yrs. 3 mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Konrad Hendel Reeta

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorothea —

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record of German Aged Home

(Address) Baltimore & Payson St.

15- Filed JUL 17 1917, 191.... ROBERT B. KRAUTH Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1917, to July 16 1917, that I saw h.r alive on July 15 1917, and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:

Exhaustion from dysentery.

(Duration) .... yrs. .... mos. 14 ds.

CONTRIBUTORY (Secondary) Colitis

(Duration) .... yrs. .... mos. 14 ds.

(Signed) F. W. Hoffmann M. D.

July, 1917 (Address) 32 & 33 Gunther Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. 9 mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore DATE OF BURIAL, July 18, 1917

20-UNDERTAKER Jos B Cook ADDRESS 1003 W Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B 6317

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

45 D 6317

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Lansing st ST.; 8 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Roesch

(Residence in Baltimore: No. 1707 Lansing st. St.; —yrs., —mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Sept 1st, 1840 (Month) (Day) (Year)

7-AGE 66 yrs. 10 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Work at Home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Roesch

(Address) 1707 Lansing St.

15-

Filed JUL 17 1917 191.....

HARRY N. [illegible] Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~Oct~~ July 15, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from about Feb. 1917, to July 15 1917, that I saw h e alive on July 15 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Papilomes bladder
Probably malignant
Some months (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Eclampsia

(Duration) ....yrs....mos....ds.

(Signed) W. T. Riley M. D.

July 15, 191 7 (Address) 1038 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery DATE OF BURIAL, July 18, 191 7

20-UNDERTAKER George J. Rautz ADDRESS 1735 Harford Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6313

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6313

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 S Hilton St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A Williams

(Residence in Baltimore: No. 602 S Hilton St.; 33 yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 15, 1883
(Month) (Day) (Year)

7-AGE, 33 yrs., 11 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Fertilizing Factory

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Carl Williams

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Mary Lang

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Williams

(Address) 602 S Hilton St

15-
Filed JUL 17 1917, 191.... HARRY O. ANDREWS
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July, 1917, to July 15 1917
that I saw h[illegible] alive on July 14 1917
and that death occurred, on the date stated above, at 1.30 P m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. Wm. Sinclair M. D.

July 16, 191... (Address) 2938 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, July 18, 1917

20-UNDERTAKER, Wm Rodgers ADDRESS 1301 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

6819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

D 6819

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2102 S. Charles St.; 23 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas U. S. Griffith

(Residence in Baltimore: No. 2102 S Charles St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Married

6-DATE OF BIRTH. July 11, 1861 (Month) (Day) (Year)

7-AGE. 56 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Locomotive

9-BIRTHPLACE, (State or Country), W. Va

PARENTS.

10-NAME OF FATHER, James Griffith

11-BIRTHPLACE OF FATHER (State or Country) W Va

12-MAIDEN NAME OF MOTHER Elizabeth Bane

13-BIRTHPLACE OF MOTHER (State or Country), W Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. U. S. Griffith
(Address) 2102 S Charles St.

15- Filed JUL 17 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1916, to July 15 1917, that I saw h[illegible] alive on July 15 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. mos. 1 ds.

(Signed) R. L. Caughey M. D.

July 16, 1917. (Address) 16 E Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Balto Cemetery	July 18, 1917

20-UNDERTAKER. Wm. E. Evans & Son ADDRESS 1428 E. Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6820

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6820

CERTIFICATE OF DEATH.

157

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 400 W. Lexington ST.: 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry. P. Ohm

(Residence in Baltimore: No. 3049 Abell. ave.

St., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White	Married.

6-DATE OF BIRTH, May 28, 1866
(Month) (Day) (Year)

7-AGE, 51 yrs. 1 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tinsmith
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Henry P. Ohm

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lukzaown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amie E. Ohm

(Address) 3049 Abell ave

15- JUL 17 1917

Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation, caused by hanging Suicide

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert D. Driscoll M. D.
(Coroner.)

July 16 1917. (Address) 912 7 Carrollton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Leadenhall Park DATE OF BURIAL, July 18 1917

20-UNDERTAKER W. J. Jackson Eutaw & Monument Sts

ADDRESS

N.B.—CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 6825

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. Wagner

(Residence in Baltimore: No. 236 E. Cross St St.; Yrs. 46 mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 20, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Wagner

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Emma Ehrem

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. K. Smith

(Address) Johns Hopkins Hospital

15- JUL 17 1917 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1917, to July 17 1917, that I saw h alive on July 17 1917, and that death occurred, on the date stated above, at 12 35 P m.

The CAUSE OF DEATH* was as follows:

Intestinal indigestion, acute

(Duration) 0 yrs. 0 mos. 10 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Henry B. Conrad M. D.

7-7, 191 7 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 236 E Cross St

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, July 19th, 1917.

20-UNDERTAKER E & B. Harle ADDRESS 115 E. West St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6822

CERTIFICATE OF DEATH.

105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 576 Baker St ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Farrell

(Residence in Baltimore: No. 576 Baker st St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 22nd (Month) (Day) 1912 (Year)

7-AGE, 5 yrs. 5 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....chief
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. James Farrell

11-BIRTHPLACE OF FATHER (State or Country). Charles Co, Md

12-MAIDEN NAME OF MOTHER Mary Jackson

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Farrell

(Address) 576 Baker st

15- Filed JUL 18 1917 191.... ROBERT B. KRAUSE Registrar. BURIAL PERMIT ISSUED

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7-4-17 191 , to 7-16-17 191 , that I saw h alive on 7-15-17 191 , and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as followa:

.....Acute Pantritis.....

.....

.....

..... (Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY..... (Secondary) ....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. N. Cordero M. D.

7-16-17 191... (Address) 1524 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. St Peters Cemetery

DATE OF BURIAL. July 18 191 7

20-UNDERTAKER Joseph a Farrell

ADDRESS 2319 Division st

Spec.—5-19-13—M. & T.—500 Bks.

D 6823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 ✓ D 6823

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 Albemarle ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Rapazza

(Residence in Baltimore: No. 213 Albemarle St.; yrs. 3 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.): Single

6-DATE OF BIRTH, ... April (Month) 3 (Day), 1917 (Year)

7-AGE, ... yrs. 3 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Stefano Rapazzo

11-BIRTHPLACE OF FATHER (State or Country): Italy

12-MAIDEN NAME OF MOTHER: Carmela Fazio

13-BIRTHPLACE OF MOTHER (State or Country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stefano Rapazzo

(Address) 213 S. Albemarle St.

15-

Filed JUL 18 1917, 191.. ROBERT B. KRAUT Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 1917, to July 16 1917, that I saw h er alive on July 16 1917, and that death occurred, on the date stated above, at 11. p. m.

The CAUSE OF DEATH* was as follows:

Gastroenteritis

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) insufficient food

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. Palumbo M. D.

July 17, 1917 (Address) 126 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, July 18, 1917

20-UNDERTAKER Lilly & Feile ADDRESS 408 S. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 6824

HEALTH DEPARTMENT—CITY OF BALTIMORE

81

D 6824

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 E. 20th ST.: 9 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Newton Rehberger

(Residence in Baltimore: No. 716 E. 20th St.; 43 yrs., 2 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) 15th (Day), 1874 (Year)

7-AGE, 43 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER, John Fletcher Mann

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Maggie Newton

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Rehberger Jr

(Address) 716 E 20th St

15- JUL 18 1917 ROBERT B. KRAUTH Registrar

Filed ..... 191 .....

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1915, to July 15th 1917, that I saw her alive on July 14th 1917, and that death occurred, on the date stated above, at 10 1/3 P. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. B. Schwatka M. D.

July 16 1917 (Address) 822 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Baltimore Cemetery	July 18th 1917

20-UNDERTAKER George Schilling & Sons ADDRESS 1126 E Monument St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 6825

CERTIFICATE OF DEATH.

120 D 6825

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 E North ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Herrmann

(Residence in Baltimore: No. 2421 E North ave St.; 46 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, June (Month) 25 (Day), 1859 (Year)

7-AGE, 58 yrs. — mos. 22 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Florist
(b) General nature of industry, business, or establishment in which employed (or employer): Do

9-BIRTHPLACE, (State or Country), Alsace Lorraine France

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Herrmann Jr

(Address) 2421 E North ave

15- JUL 18 1917 ROBERT B. KRAUTH

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1917, to July 17 1917, that I saw h[illegible] alive on July 17 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) Chas. G. Lullus M. D.

July 17, 1917. (Address) 1 W 19 E Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, July 19th, 1917.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6826

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1304 Abbundon St 9 WARD)

REGISTERED No. C 1041

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lance Handy,

(Residence in Baltimore: No. 1304 Abbundon Ave Abbottston St.; yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, May 2, 1913
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER Silas Handy

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Bernadine Reise

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernadine Reise

(Address) 1304 Abbundon

15- JUL 18 1917 ROBERT B. KRAUTH

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

a Enteritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Burk Jones M. D.
(Coroner.)

July 17 191 (Address) 1 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, July 18, 1917

20-UNDERTAKER Jas B Cook

ADDRESS 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6827.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 D 6827.

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 2230 Garrison Ave. ~~St.~~ 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Caroline Schmidt

(Residence in Baltimore: No. 2230 Garrison ave. ~~St.~~ 70 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6 DATE OF BIRTH: Feby 16, 1837 (Month) (Day) (Year)

7 AGE: 80 yrs. 5 mos. 0 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: John Pfeil

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Heinsling

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Caroline Eppley

(Address) 2230 Garrison Ave.

15 JUL 18 1917 ROBERT B. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 16th, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 10th, 1917, to July 16th 1917, that I saw h[illegible] alive on July 16th, 1917, and that death occurred, on the date stated above, at 7:45 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(Duration) 3 yrs. — mos. — ds

Contributory (SECONDARY)

(Duration) — yrs. — mos. — ds.

(Signed) Eugene Douglas M. D.

July 17th, 1917 (Address) 830 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: July 18, 1917

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1011 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 6828

CERTIFICATE OF DEATH.

120 D 6828

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Blacklock

(Residence in Baltimore: No. 849 Parkave Balto. St.: 4yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 7, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. 8 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Public accountant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Nicholas Blacklock

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Mary Hewlett,

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C C Kelly MD

(Address) W P Infirmary

15-

Filed JUL 13 1917, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1917, to July 17 1917, that I saw him alive on July 17 1917, and that death occurred, on the date stated above, at 5.50 p.m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

.....

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

..... (Duration) ....yrs. ....mos. 2 ds.

(Signed) Frank L. Gill M. D.

July 17, 1917. (Address) Union Protestant Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 849 Parkave Balto.

19-PLACE OF BURIAL OR REMOVAL, Green Mount — DATE OF BURIAL, July 17, 1917.

20-UNDERTAKER John O. Mitchell — ADDRESS 1201 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 ✓ D 6829

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4208 Massachusett St.; 20 WARD) REGISTERED No. C

2-FULL NAME Mary E. Kull

(Residence in Baltimore: No. 4208 Massachusetts St.; 72 yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) widow

6-DATE OF BIRTH, Nov. 14, 1844
(Month) (Day) (Year)

7-AGE. 72 yrs. 8 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework & home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Samuel Ruff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina Kull

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. M. Kull

(Address) 4208 Massachusetts Ave

15- JUL 18 1917 ROBERT P. KRAUS

Filed ..... 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1917, to July 17 1917, that I saw h[illegible] alive on July 17 1917, and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis, chronic myocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral embolism

(Duration) yrs. mos. ds.

(Signed) H. [illegible] M. D.

July 17, 1917. (Address) 1121 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount DATE OF BURIAL, July 20, 1917

20-UNDERTAKER John O. Mitchell ADDRESS 1201 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 6830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78 ✓ D 6830

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 736 N. Calhoun St.; 16 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H. Lenworth.

(Residence in Baltimore: No. 273 N. Mosher St.; ....yrs.,.... mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED~~ OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 26 (Day), 1882 (Year)

7-AGE, 35 yrs. 2 mos. 20 ds.

If LESS than 1 day. ....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Traveling Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Ferdinand Chenworth

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Sarah Walker

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. J. Lemley

(Address) 733 E. 21st St.

15- Filed JUL 18 1917 191.... ROBERT B. KRAUS Registrar.

•MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1917, to July 15 1917, that I saw h.... alive on July 15 1917, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Appendicitis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Indigestion 3 hours

(Duration) ....yrs. ....mos. ....ds.

(Signed) Walter Horton M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Ridge Cem. DATE OF BURIAL, July 19, 1917

20-UNDERTAKER Robert Brooksuan ADDRESS Baltimore Hollins St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6831 ✓ + 119 D 6831

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; Child WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph C. Covey

(Residence in Baltimore: No. Ellicott City Md St.; 9 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) 28 (Day), 1908 (Year)

7-AGE, 9 yrs. 3 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Chas. S. Covey

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Mary N. Durnin

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas S. Covey

(Address) Ellicott City. Md.

15- Filed JUL 18 1917, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1917, to July 17 1917, that I saw him alive on July 17 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Acut Hydrocephalus

Cause Unknown

..... (Duration) .....yrs. 1 mos. .....ds.

CONTRIBUTORY (Secondary) Edema of Lungs

..... (Duration) .....yrs. .....mos. 1 ds.

(Signed) H. Merkel M. D.

July 18, 1917 (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Ellicott City Md.

Former or usual residence Ellicott City Md.

19-PLACE OF BURIAL OR REMOVAL, St. Marys Howard Co

DATE OF BURIAL, July 20, 1917

20-UNDERTAKER Easton's Sons

ADDRESS Ellicott City

Spec.—8-24-14—M. & T.—2000 Blks.

D 6832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 6832

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 N. Monroe ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Maria Dölle

(Residence in Baltimore: No. 1131 N. Monroe St.; 1 yrs., 11 mos. 27 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 19 (Day), 1915 (Year)

7-AGE, 1 yrs. 11 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER Andrew F. C. Dölle

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Sophia A. Kiernan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew F. C. Dölle

(Address) 1131 N. Monroe St.

15- Filed JUL 18 1917, 191.. ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1917, to July 16 1917, that I saw h.er alive on July 16 1917, and that death occurred, on the date stated above, at 6 30p m.

The CAUSE OF DEATH* was as follows:

Gastro - enteritis

(Duration) ....yrs. ....mos. 13 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) John D. Louisiana M. D.

July 17, 191.. (Address) 1507 N. Fulton Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, July 19, 1917

20-UNDERTAKER Wm. Cook ADDRESS 502 E. Mon

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6833

CERTIFICATE OF DEATH.

120 ✓

D 6833

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 837 Saratoga ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Strickland

(Residence in Baltimore: No. 837 W. Saratoga St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1849 (Year)

7-AGE, 68 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Dry Goods
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H. Dennis

(Address) 1303 Prestman st

15- JUL 13 1917 ROBERT B. KRAUTZ

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to July 17 1917, that I saw h.. alive on July 17 1917 and that death occurred, on the date stated above, at 1:30a m.

The CAUSE OF DEATH* was as follows:

Int. Intestinal Hemorrhage

..... (Duration) ....yrs. 2 mos. 16 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. P. Haddock M. D.

7/17, 1917 (Address) 117 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery

DATE OF BURIAL, July 19 1917

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6834

CERTIFICATE OF DEATH.

1164

D 6834

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 Richardson ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Maria Kellenberg

(Residence in Baltimore: No. 1423 Richardson St.; yrs. 4 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	—

6-DATE OF BIRTH, March (Month) 8th (Day), 1913 (Year)

7-AGE, yrs. 4 mos. 7 ds. | If LESS than 1 day, hrs. or min.? X

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Kellenberg

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Maria Bolle

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Brook, M.D.

(Address) 1578 Fulton

15- Filed JUL 18 1917 191... ROBERT B. KRAUTH Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) – 16 (Day) –, 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7-14 1917, to 7-16 1917, that I saw her alive on 7-16 1917, and that death occurred, on the date stated above, at 3, P, m.

The CAUSE OF DEATH* was as follows:

Diarrhea & enteritis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bottle-fed

(Duration) yrs. 4 mos. ds.

(Signed) A. Brook, M. D.

7-17, 1917 (Address) 1578 Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery | DATE OF BURIAL, July 18, 1917

20-UNDERTAKER M. D. Flynn | ADDRESS 1422 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6835

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 ✓

D 6835

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 616 S Washington ST. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Konate

(Residence in Baltimore: No. 616 S. Washington St. yrs. 5 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (If write the word)
Male	White	Single

6-DATE OF BIRTH ..... Jan 9, 1917
(Month) (Day) (Year)

7-AGE ..... yrs. 5 mos. 28 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto Md

PARENTS

10-NAME OF FATHER Joseph Konate

11-BIRTHPLACE OF FATHER (State or country) Poland Austria

12-MAIDEN NAME OF MOTHER Josephine Lazzfar

13-BIRTHPLACE OF MOTHER (State or country) Poland Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Koniak

(Address) 616 S. Washington St

15 ROBERT E. KRAUTER

Issued JUL 18 1917 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH ..... Feb 17, 191 7
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 191 7, to. Feb 17, 191 7, that I saw h im alive on Feb 17, 191 7, and that death occurred, on the date stated above, at 8 20 m.

The CAUSE OF DEATH* was as follows:

.....

.....

Bronchio Pneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Cardiac Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), A P Donaldson M. D.

Feb 17, 191 7 (Address) 2013 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Holy Rosary.

DATE OF BURIAL July 18, 1917

20-UNDERTAKER H. E. Sadowski

ADDRESS 905 S. Conkling St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6836

CERTIFICATE OF DEATH.

74 D 6836

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; ✓ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Molnauer.

(Residence in Baltimore: No. 531 S. Ann St.; 6 yrs., 3 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April (Month) 6 (Day) 1911 (Year)

7-AGE, 6 yrs. 3 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frank Molnauer

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Francis Stilla

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Molnauer

(Address) 531 S. Ann St.

15- Filed JUL 18 1917 191... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1917, to July 17, 1917, that I saw her alive on July 17 1917, and that death occured, on the date stated above, at 5.45 A m.

The CAUSE OF DEATH* was as follows:

Cerebellum Tumor

(Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. Steinglo M. D.

July 17, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 8 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 531 S. Ann

19-PLACE OF BURIAL OR REMOVAL, Polish Jewish Cemetery. DATE OF BURIAL, July 19, 1917

20-UNDERTAKER W. L. Sadowski ADDRESS 705 S. Ann St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6837

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp St.; ..... WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary C. Porter.

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 11 ds.)

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... January ....., 1849
(Month) (Day) (Year)

7-AGE, 68 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) West Windsor Md.

PARENTS.

10-NAME OF FATHER, Nathan Hanna

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Johana Warner

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... University Hospital

(Address) ..... Greene & Lombard Sts

15-

Filed JUL 18 1917, 191.... ROBERT B. KRAUSE

Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 17, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 5 1917, to July 17 1917; that I saw her alive on July 17 1917, and that death occurred, on the date stated above, at 10:00 P.m.

The CAUSE OF DEATH* was as follows:

..... Intestinal Obstruction

..... (Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

July 17 191.7 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 ds. In the State 68 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Westminster, Md

19-PLACE OF BURIAL, OR REMOVAL, Westminster Md. DATE OF BURIAL, July 18 191.7.

20-UNDERTAKER Wm Routson ADDRESS 230 Greene

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6838

CERTIFICATE OF DEATH.

61 X ✓ D 6838

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 S. Stricker ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roberta E Mackinson

(Residence in Baltimore: No. 218 South Stricker St.; ....yrs., 5 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb 15, 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 5 mos. 1 ds.	....hrs. or....mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Elmer Mackinson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Clara L E Wheeler

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer Mackinson

(Address) 218 S Mt St

15-
JUL 18 1917 ROBERT B. KRAUSE
Filed....., 191... Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 12 1917, to July 16 1917, that I saw her alive on July 16 1917, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Meningitis (cerebral)

Epidemic Form by Cut Spy

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Phillips M. D.

....., 191... (Address) 170 Collins Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, July 18, 191...

20-UNDERTAKER Joseph B Cook — ADDRESS 100 S W Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6839

CERTIFICATE OF DEATH.

REGISTERED No. C 129

D 6839

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mariel Kalafe

(Residence in Baltimore: No. 11 N. Rose St St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 3 (Day), 1869 (Year)

7-AGE, 48 yrs. 1 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. J. Smith

(Address) Johns Hopkins Hospital

15 JUL 18 1917 ROBERT B. KRAUTZ

Filed....., 191.....

Burial Permit Issued Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1917, to July 18 1917, that I saw h[er] alive on July 18 1917, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
following operation
Hysterectomy
Uterus (Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. R. Hofheca M. D.

July 18, 191. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 11 N. Rose St

19-PLACE OF BURIAL OR REMOVAL, Oak Hill

DATE OF BURIAL, July 20, 1917

20-UNDERTAKER Frank Enoch & Son

ADDRESS 1706 Eastland

Spec.—8-24-14—M. & T.—2000 Bks.

D 6840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6840

REGISTERED No. C 8 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 N. Patterson Park Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Simon Schwinsberg

(Residence in Baltimore: No. 1429 N. Patterson Park Ave St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 69 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Potee

(Address) 1429 N. Patterson Park Ave.

15-

Filed JUL 18 1917 191.....

ROBERT B. KRAUTH
Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Tuesday (Month) 18th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 5th 1917, to July 18th 1917, that I saw him alive on July 17 1917, and that death occurred, on the date stated above, at 3 0 m.

The CAUSE OF DEATH* was as follows:

Senile Regurgitation

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Wilbert S. Bing, Emerg. M. D.

7/18/, 1917. (Address) 1613 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Paul Cemetary Druid Hill Park — DATE OF BURIAL, July 19 1917

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6811

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6811

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hospital ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Pervine

(Residence in Baltimore: No. [redacted] St.; — yrs., — mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, Unknown, 1877
(Month) (Day) (Year)

7-AGE, 39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Samuel Pervine

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Caroline Norris

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Pervine

(Address) Towson Md

15- JUL 18 1917 HARRY C. ANDREWS
Filed ....., 191.... Burial Permit Register.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 11 1917, to July 17 1917, that I saw her alive on July 17 1917, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Intestinal Hemorrhage

(Duration) yrs. mos. ds.

(Signed) B. B. Brown M. D.

July 17, 1917. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Towson, Md

19-PLACE OF BURIAL OR REMOVAL, Samuel I. Hemelay — DATE OF BURIAL, July 19, 1917.

20-UNDERTAKER Mount Zion Cemetery — ADDRESS Long Green Md

Long Green Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6812

HEALTH DEPARTMENT—CITY OF BALTIMORE

1047 D 6812

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Dolt

(Residence in Baltimore: No. 909 Pierce St. St.; ..... yrs., 8 mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, November 17, 1916.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 8 mos. .....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Joseph. Scott

11-BIRTHPLACE OF FATHER (State or Country). Balto Md.

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Smith

(Address) Johns Hopkins Hospital

15- JUL 18 1917 HARRY ANDREWS

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191 , to July 17 1917 , that I saw h[illegible] alive on July 17 1917 , and that death occurred, on the date stated above, at 2.05 p m.

The CAUSE OF DEATH* was as follows:

~~Intestinal indigestion~~

Acidosis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY ~~Acidosis~~ Intestinal Indigestion
(Secondary)

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Henry B. Conrad M. D.

July 19, 191. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? -

Former or usual residence 909 Pierce St

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, July 18, 191.

20-UNDERTAKER John J. Cowdin — ADDRESS 901 Hollins St

D 6313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6313

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2406 Chase St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza A. Bennett

(Residence in Baltimore: No. 2406 Chase St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1 ..... (Month) (Day) (Year)

7-AGE. 65 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER W H Kessner

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Eliza Hensley

13-BIRTHPLACE OF MOTHER (State or Country), South

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W H Bennett

(Address) 2406 Chase

15-

Filed JUL 18 1917 191.... HARRY C. ANDREWS Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

..... 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet — DATE OF BURIAL, July 19, 1917

20-UNDERTAKER um. Cook — ADDRESS 502 N. Howard

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+92 D 6814

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.: ..... WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Brooke

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. 15 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Feb. 14, 1851. (Month) (Day) (Year)

7-AGE, 66 yrs. 5 mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Driver
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thos Brooke

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Adeline Ward

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert & E

15-

Filed JUL 18 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 191 7, to July 16 1917, that I saw him alive on July 16 1917, and that death occurred, on the date stated above, at 1:20 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... about (Duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward J. Smith M. D.

July 16, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. ..... d.

Where was disease contracted, if not at place of death? Westport Md

Former or usual residence Westport Md

19-PLACE OF BURIAL OR REMOVAL, St Peter Cemetery

DATE OF BURIAL, July 19, 191.7.

20-UNDERTAKER F. A. Krause

ADDRESS 103 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

D 6845 D 6845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Aaron Ballard St.; 72 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Roy W. Montgomery

(Residence in Baltimore: No. 107 W Montgomery St St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 33 mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... NO

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Aaron Ballard

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Marjorie Ridgeway

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. E. Brown

(Address) 108 Montgomery

15-

Filed JUL 18 1917 191..... HARRY C. ANDREWS
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1917, to July 17 1917, that I saw him alive on July 17 1917, and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) Est 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(Duration) yrs. — mos. — ds.

(Signed) Chas. Smith M. D.

July 18, 1917 (Address) 528 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	July 18, 1917
20-UNDERTAKER	ADDRESS
H. C. Brandt's Son	108 W. Monty

D 6816

HEALTH DEPARTMENT--CITY OF BALTIMORE

56

CERTIFICATE OF DEATH

REGISTERED No. C D 6816

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1525 Ensor street, ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph F. Powers,

(Residence in Baltimore: No. 1525 Ensor street, St.: 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male,

4-COLOR OR RACE: White,

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married,

6-DATE OF BIRTH: September 19, 1855.
(Month) (Day) (Year)

7-AGE: 61 yrs. 9 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Day laborer,
(b) General nature of industry, business, or establishment in which employed (or employer): Street railway,

9-BIRTHPLACE (State or country): New Jersey,

PARENTS

10-NAME OF FATHER: Unknown,

11-BIRTHPLACE OF FATHER (State or country): Unknown,

12-MAIDEN NAME OF MOTHER: Unknown,

13-BIRTHPLACE OF MOTHER (State or country): Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Powers, wife,

(Address) 1525 Ensor street.

15 Filed JUL 18 1917, 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 17th, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1917. to. July 17, 1917, that I saw him alive on July 17, 1917, and that death occurred, on the date stated above, at 2 p. m.
The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation,

(Duration) half hour, mos. ds

Contributory (SECONDARY) Chronic alcoholism,

(Duration) 10 yrs. mos. ds.

(Signed) Frederick Kempel M. D.

July 17, 1917. (Address) 3310 W. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery DATE OF BURIAL: July 20 1917

20-UNDERTAKER: Henry Koeck & Son ADDRESS: 1301 E. Baltimore St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2730 Bernard St. ; W 12 WARD)

REGISTERED No. 5

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hebert J Crawford

(Residence in Baltimore: No. 2730 Bernard St.

St.; yrs., 2 mos., 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	

6-DATE OF BIRTH, May 6, 1917
(Month) (Day) (Year)

7-AGE, ..yrs. 2 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country),

PARENTS.

10-NAME OF FATHER, Balto Md H. de Crawford

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Sara L Michael

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Michael

(Address) 2730 Bernard St

15- JUL 19 1917 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry,) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus

..... (Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) Wm F Morrissey M. D.
(Coroner)

July 18 1917 (Address) 3632 Reisterstown Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Moriah Cemetery DATE OF BURIAL, July 19, 1917

20-UNDERTAKER Ensworth & Son ADDRESS 361 Reisterstown Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6848

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 6848

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 5 WARD)

REGISTERED No. C 152

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Heller

(Residence in Baltimore: No. 1320 E. Monument St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH July (Month) 15 (Day), 1917 (Year).

7-AGE, ...yrs. 2 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Heller

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Anna Elinoff

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital

(Address) Records

15- JUL 19 1917 filed, 191... ROBERT B. KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18 (Day)., 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 15 1917, to July 18 1917, that I saw h[illegible] alive on July 18 1917, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) ....yrs. ....mos. 2 1/2 ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) I. Schmuck M. D.

7-18, 191 7. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Hebrew Henig Park — DATE OF BURIAL, July 19, 191 7.

20-UNDERTAKER J. Finner & Bro — ADDRESS 1107 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified: Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6849 — 104 ✓ — D 6319

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St., or ward) 1 E N

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Wheeler

(Residence in Baltimore: No. 8 North Pulaski St.; ...yrs., 6 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Single

6-DATE OF BIRTH, January 17, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Phila. Pa.

PARENTS.

10-NAME OF FATHER, John Wheeler

11-BIRTHPLACE OF FATHER (State or Country), Penn.

12-MAIDEN NAME OF MOTHER Edna Miller

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry B. Conrad

(Address) Johns Hopkins Hospital

15- JUL 25 1917 ROBERT R. KRAUTZ
Filed ....., 191.... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1917, to July 17 1917, that I saw h.r alive on July 17 1917, and that death occurred, on the date stated above, at 9 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Intestinal indigestion acute

(Duration) 0 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) —

(Duration) ...yrs. ...mos. ...ds.

(Signed) Henry B. Conrad M. D.

July 18, 191.7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. 1 ds. In the State 2 yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 8 N. Pulaski St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, July 19, 191.7.

20-UNDERTAKER Philip Henrig — ADDRESS 2016 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3000 Blks.

D 6850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 ✓ D 6850

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2727 Hudson St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Sweeney

(Residence in Baltimore: No. 2727 Hudson St. St.; Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, January 13 (Month) (Day), 1917 (Year)

7-AGE, ...yrs. 6 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Chas Sweeney

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Mary McAvoy

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora McAvoy

(Address) 2727 Hudson St.

15- ROBERT E. KRAUTER

Filed JUL 19 1917 191. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from on July 1st 1917, to 191..., that I saw h.. alive on July 18 1917, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH was as follows:

Acute Fleg Colitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. C. & Ra Cumming M. D.

July 18, 191.. (Address) 1116 S Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
Mount Carmel Cem	July 19, 191..
20-UNDERTAKER	ADDRESS
Stephen J Blackwood	1116 S Ellwood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 llks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6851

CERTIFICATE OF DEATH.

29 D 6851

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 S. Carey ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina A. Thornton

(Residence in Baltimore: No. 105 S. Carey St.: Xyrs. 5 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. April (Month) 13 (Day), 1897 (Year).

7-AGE.	If LESS than 1 day,
20 yrs. 3 mos. 4 ds.	....hrs. or.....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER. Peter Burns

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Johanna Whelan

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Burns

(Address) 105 S. Carey St.

15- Filed JUL 19 1917 191.... ROBERT T. KRAUTH Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 7 1916, to July 17 1917, that I saw her alive on July 14 1917, and that death occurred, on the date stated above, at 10-30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 0 yrs. 11 mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) 0 yrs. 0 mos. 16 ds.

(Signed) Henry C. Dible M. D.

July 17, 1917. (Address) 1213 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
R. Peters Cemetery	July 21, 1917.
20-UNDERTAKER	ADDRESS
John Weide	1200 W. Lombard St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6852 — 104 — D 6852

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 W. Cross ST.; 21 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Acton

(Residence in Baltimore: No. 1025 W. Cross st St.; yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb (Month) 27 (Day), 1917 (Year)

7-AGE, 4 yrs. 20 mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Walter Acton

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER Nellie Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Walter Acton

(Address) 1025 W Cross St.

15- Filed JUL 19 1917, 191 ROBERT B. KRAUTER BURIAL PERMIT Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1917, to July 17 1917, that I saw h.. alive on July 8 17 1917, and that death occurred, on the date stated above, at 9:15 P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 1 5 ds.

CONTRIBUTORY (Secondary) Intestinal

(Duration) yrs. mos. 10 ds.

(Signed) Shepherd A. Allen M. D.

July 15 1917 (Address) 127 E Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, July 19 1917

20-UNDERTAKER James Dignan & Son — ADDRESS 1000 E Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6853

CERTIFICATE OF DEATH.

34

D 6853

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Mercy Hospital St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME Edward Harris

(Residence in Baltimore: No. St. Elizabeth's Home St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, 9 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, School Girl
(b) General nature of industry, business, or establishment in which employed (or employer), " "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER " "

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Mercy Hosp

(Address) Calvert St

15-

Filed JUL 19 1917, 191.. ROBERT B. KRAUTER Registrar.

Burial Permit 9985

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 30, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28 1917, to June 30 1917, that I saw h[illegible] alive on June 30 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Chronical Interstitial Nephritis

Not Known

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward L. Smith M. D.

July 18, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. 6 mos. ds.

Where was disease contracted if not at place of death? St Elizabeths Home

Former or usual residence St Elizabeth Home

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, JUL 19 1917

20-UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND

(Commissioner Health)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

D 6854

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2608 Brug Terrace ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno. Chenowith

(Residence in Baltimore: No. 2608 3rd Ter St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, July 8 (Month) (Day), 1917 (Year)

7-AGE, ...yrs. 10 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 2608 Brug Ter

PARENTS.

10-NAME OF FATHER, Jno Chenowith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Hallie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed JUL 19 1917, 191.... ROBERT P. BEAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 1917, to July 19 1917, that I saw h... alive on July 19 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

(Premature birth) (Asphyxiation)

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) O. P. Lee M. D.

July 19, 1917 (Address) 710 Pa

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, JUL 20 1917, 191....

20-UNDERTAKER | ADDRESS

Commissioner Health

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6855

CERTIFICATE OF DEATH.

109 ✓ D 6855

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 S Carlton ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo P. Watts

(Residence in Baltimore: No. 30 S Carlton St.; 11 yrs., ... mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, July 10, 1906. (Month) (Day) (Year)

7-AGE, 11 yrs. ..... mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Lloyd M. Watts

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Elizabeth Bryan

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Clara Brown

(Address) 915 W Lexington St

15- Filed JUL 19 1917, 191.....

ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 191 7. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 191 7, to July 16 191 7, that I saw h.. alive on July 16 191 7 and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

7/19..., 191 7 (Address) 11 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, July 17, 191 7.

20-UNDERTAKER John J Bowman

ADDRESS 901 Dolling

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6856 ✓ x104 D 6856

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Calvin Smith

(Residence in Baltimore: No. Sparrows Pt Md St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. Oct. (Month) 13 (Day) 1916 (Year)

7-AGE, ...yrs. 9 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, C. H. Smith

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Hattie Sands

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hospital

15- JUL 19 1917 Filed....., 191.... ROBERT B. KRAUS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 15 191 7 to July 18 191 7, that I saw h.. alive on July 18 191 7, and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry D. Conrad M. D.

July 18, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 702 E St. Sparrows Pt.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery

DATE OF BURIAL JUL 20 1917

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6857.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 6857.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2519 E. Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roselle Busick

(Residence in Baltimore: No. 2519 E. Madison St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, July 11th (Month) (Day), 1868 (Year)

7-AGE, 49 yrs. 1 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of Industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm A. Lynch

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Laura M. —

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Busick

(Address) 2519 E. Madison

15- JUL 19 1917 Filed ....., 191.... ROBERT B. KRAUS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5th 1917, to July 18th 1917, that I saw her alive on July 17th 1917, and that death occurred, on the date stated above, at 1130 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) 1 yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ....yrs. ....mos. 5 da.

(Signed) Willard B. Kinsinger M. D.

7/19/17, 1917. (Address) 1616 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, July 20 191 7

20-UNDERTAKER Phil J. Herring ADDRESS 706 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6858

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6858

CERTIFICATE OF DEATH.

REGISTERED NO. C 10 4 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertie Cross.

(Residence in Baltimore: No. 1207 Delwood ave. St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 2, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Daniel Cross

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Bluhs

(Address) Johns Hopkins Hosp.

15-

Filed JUL 19 1917, 191.... HARRY C. ARTHUR Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1917, to July 19 1917, that I saw h[illegible] alive on July 19 1917, and that death occurred, on the date stated above, at 8 53 a m.

The CAUSE OF DEATH* was as follows:

Acute Pleuro-enteritis

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry B. Comrade M. D.

July 19 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 3 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1207 Delwood Ave

19-PLACE OF BURIAL OR REMOVAL, Cella Md DATE OF BURIAL, July 22, 1917

20-UNDERTAKER Chenowith Sons ADDRESS Chestnut Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6859

CERTIFICATE OF DEATH.

1204 D 6859

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 Myrtle Av. St. 17 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Almira F. Riehmeyer

(Residence in Baltimore: No. 1204 Myrtle Av St.; 57 yrs., 3 mos. 9 ds.)

CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 9, 1860 (Month) (Day) (Year)

7-AGE. 57 yrs. 3 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Cecil

PARENTS.

10-NAME OF FATHER, Peter P. Logue

11-BIRTHPLACE OF FATHER (State or Country). Cecil

12-MAIDEN NAME OF MOTHER Catherine D. Miller

13-BIRTHPLACE OF MOTHER (State or Country), Cecil

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Logue

(Address) 1204 Myrtle Av

15- Filed JUL 19 1917, 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 1917, to July 18 1917, that I saw her alive on July 18 1917, and that death occurred, on the date stated above, at 2.15 m.

The CAUSE OF DEATH* was as follows:

Uremia Coma

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Interstitial

Nephritis (Duration) 1 yrs. ....mos. ....ds.

(Signed) Chas W Humpton M. D.

July 19, 1917. (Address) 5 W Harlem Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Londontank — DATE OF BURIAL, July 21 1917

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont Av

Spec.—8-24-14—M. & T.—2000 Bks.

D 6860

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 6860

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 Aliceanna ST.; ..... WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Zagnit

(Residence in Baltimore: No. 1927 Aliceanna St.; ..... yrs., 6 mos. 11 ds.)

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, January 7, 1917.
(Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 11 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of Industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimor. Md.

PARENTS.

10-NAME OF FATHER, John Zagnitz.

11-BIRTHPLACE OF FATHER (State or Country), Austria Poland

12-MAIDEN NAME OF MOTHER Wladislawa Hudzyk.

13-BIRTHPLACE OF MOTHER (State or Country), German Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Zagnitz.

(Address) 1927 Aliceanna St.

15- JUL 19 1917 HARRY C. ANDREWS

Filed ....., 191.... Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jul 10 191.., to Jul 18 191.., that I saw h.. alive on Jul 18 191.., and that death occurred, on the date stated above, at 8.30 m.

The CAUSE OF DEATH* was as follows:

Enteric Fever

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. J. [illegible] M. D.

July 19, 1917 (Address) 3005 E. Lom[illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus.	July 20, 1917.
20-UNDERTAKER W. F. Sadowski.	ADDRESS 705 S. Ann

D 6861

HEALTH DEPARTMENT—CITY OF BALTIMORE

169 D 6861

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1004 of Dell St ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Kulakowski

(Residence in Baltimore: No. 431 Dell St

St.; 11 yrs., 6 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June 7, 1906
(Month) (Day) (Year)

7-AGE, 11 yrs. 6 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Antony Kulakowski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Anna Sowacka

13-BIRTHPLACE OF MOTHER (State or Country) American Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antony Kulakowski

(Address) 93 Dell St

15- HARRY T. SARLES
Burial Permit Clerk

Filed....., 191....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Lyon Coroner M. D.
(Coroner.)

July 19 1917. (Address) 610 E Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Holy Rosary, | DATE OF BURIAL, July 20, 1917.

20-UNDERTAKER W. F. Sadowski | ADDRESS 705 S. Ann St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6862

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

× 108 ✓ D 6862

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Bailey

(Residence in Baltimore: No. Cockeysville Md. St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... (Month) Unknown (Day) ....., 1850 (Year)

7-AGE, 67 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

5-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Farm 040
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Laborer 022

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robert Baily

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Elizabeth Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. L. Cha Kuan

(Address) Phoenix Md

15- JUL 20 1917 ROBERT B. KRAUTER

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7/14 1917, to 7/17 1917, that I saw h~~im~~ alive on July 17 1917, and that death occurred, on the date stated above, at 8.35 P m.

The CAUSE OF DEATH* was as follows:

Asphenderbus (1)

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Pleurisitis

..... (Duration) Not Known yrs. ..... mos. ..... ds.

(Signed) Wm. B. Brumbaugh M. D.

July 17 1917. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 3 ds. In the State Not Known yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Not known.

Former or usual residence Cockeysville Md

19-PLACE OF BURIAL OR REMOVAL, Cockeysville Md DATE OF BURIAL, 7/20, 191.7

20-UNDERTAKER Samuel Hawley ADDRESS 578 N. Bond

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6863

CERTIFICATE OF DEATH.

D 6863

64

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 N. Ellwood Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine A. Hinkleman

(Residence in Baltimore: No. 203 N. Ellwood Ave St.; Life yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White.	Widow.

6-DATE OF BIRTH, Aug (Month) 9th (Day), 1854 (Year)

7-AGE, 62 yrs. 11 mos. 9 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at home

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, William McGrade

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Catharine Hardin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Hinkleman

(Address) 203 N. Ellwood Ave

15-

Filed JUL 20 1917, 191.. ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 191 7, to July 18 191 7, that I saw her alive on July 18 191 7, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 36 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 30 ds.

(Signed) Geo. Heller M. D.

July 19, 191 7 (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Redeemer	July 21, 191 7.
20-UNDERTAKER Leibe & Zeiler	ADDRESS 463 Gough St.

D 6864

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 6864

1 PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 114 S Robinson ST.: 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Bessie Meyer.

(Residence in Baltimore: No. 114 S. Robinson St.: 1 yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH Dec 8 (Month) (Day), 1898 (Year)

7 AGE 18 yrs. 7 mos. 9 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Apprentice in
(b) General nature of industry, business, or establishment in which employed (or employer) Machine Shop.

9 BIRTHPLACE (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER Oscar. Meyer

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Weber

13 BIRTHPLACE OF MOTHER (State or country) Balto. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Oscar Meyer

(Address) 114 S. Robinson

15 Filed JUL 20 1917 ROBERT E. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 17 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1917, to, July 17 1917, that I saw him alive on July 17, 1917, and that death occurred, on the date stated above, at 4. P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) ..... yrs. 1/2 mos. ..... ds

Contributory (SECONDARY) Typhoid Fever

(Duration) ..... yrs. 1½ mos. ..... ds.

(Signed), Frank A. Glantz M. D.

July 18, 1917 (Address) 3244 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sacred Heart	July 21st, 1917
20 UNDERTAKER	**ADDRESS**
Lilly & Zeiler	403 S. Wolfe St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6865

28 ✓ D 6865

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 N. Patterson Pk Ave. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence A. Edwards.

(Residence in Baltimore: No. 1739 N. Patterson Pk ave, St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 12, 1881 (Month) (Day) (Year)

7-AGE, 35 yrs. 7 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Liquor Store

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, David W. Edwards

11-BIRTHPLACE OF FATHER (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER Katharine A. Goldsborough

13-BIRTHPLACE OF MOTHER (State or Country), Charles Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katharine A. Edwards.

(Address) 1739 Patterson Pk. Ave.

15- Filed JUL 20 1917, 191.... ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4th 1917, to July 17th 1917, that I saw him alive on July 16th 1917, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Allen G. Singerman M. D.

7/19/..., 1917. (Address) 1613 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, July 20, 1917

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Mo Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6866

CERTIFICATE OF DEATH.

64 D 6866

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 Myrtle Av ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Ringgold

(Residence in Baltimore: No. 318 Myrtle Av St.; 62 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	Married

6-DATE OF BIRTH, December (Month) (Day) 1855 (Year)

7-AGE, 61 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Solomon Raven

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Harriett McComas

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Henry

(Address) 318 Myrtle Ave

15- JUL 20 1917 Filed, 191. ROBERT B. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 11th 1917, to July 17 1917, that I saw her alive on July 16 1917, and that death occurred, on the date stated above, at 3 P.M. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Paralysis

(Duration) 2 yrs. 2 mos. 6 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) 7 yrs. mos. ds.

(Signed) Jno G. Forster M. D.

July 18, 1917. (Address) 206 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Folckstone, Kent Co DATE OF BURIAL, July 21 1917

20-UNDERTAKER Joseph A Farrell ADDRESS 1319 Pierce

Spec.—5-19-13.—M. & T.—500 Bks.

7470

D 6867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154

D 6867.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 North Entaw St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Linnius Trader

(Residence in Baltimore: No. 1030 North Entaw Street St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, January (Month) 28 (Day), 1841 (Year)

7-AGE. 76 yrs. 5 mos. 20 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Painter Inspector (b) General nature of industry, business, or establishment in which employed (or employer): Oil

9-BIRTHPLACE. (State or Country) Salisbury Md

PARENTS.

10-NAME OF FATHER, Nathan Henry Trader

11-BIRTHPLACE OF FATHER (State or Country) Salisbury Md

12-MAIDEN NAME OF MOTHER Maria ... Smith

13-BIRTHPLACE OF MOTHER (State or Country) Salisbury Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lula Boyd Trader

(Address) 1035 N. Eutaw St.

15- Filed JUL 20 1917 191... ROBERT B. KRAUSE Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18th (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov. 6 1916, to July 17 1917, that I saw him alive on July 17 1917, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

General Debility and Old Age

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) none

(Duration) ... yrs. ... mos. ... ds.

(Signed) N. L. Dashiell M. D.

July 18 1917 (Address) 2927 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge Cem. DATE OF BURIAL. July 20 1917

20-UNDERTAKER W. J. Baker & Son ADDRESS Norman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6868

CERTIFICATE OF DEATH.

104 D 6868

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Hum

(Residence in Baltimore: No. 921 N. Bond St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 4, 1917
(Month) (Day) (Year)

7-AGE, — yrs. 3 mos. 16 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Jacob Hum

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Blanche Hubbard

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- JUL 20 1917 ROBERT B. KRAUTZ
Filed ..... 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1917, to July 19 1917, that I saw h.. alive on July 19 1917, and that death occurred, on the date stated above, at 12 45 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal Indigestion, acute

..... (Duration) 0 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) none (Duration) — yrs. — mos. — ds.

(Signed) Henry B. Conrad M. D.

July 19, 1917 (Address) Johns Hopkins Hos

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 921 N. Bond St

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel — DATE OF BURIAL, July 20 1917.

20-UNDERTAKER Frank A. Fink — ADDRESS 910 N. Gay St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X18 D 6869

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland General Hosp. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edsford Heaver

(Residence in Baltimore: No. 704 N. 13th St Highlandtown Md St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, ... Mar. 1, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmhouse
(b) General nature of industry, business, or establishment in which employed (or employer)..... Farm worker

9-BIRTHPLACE, (State or Country) Glendon Wyo

PARENTS.

10-NAME OF FATHER, Edward Heaver

11-BIRTHPLACE OF FATHER (State or Country), Norristown Pa

12-MAIDEN NAME OF MOTHER Anna Hertzler

13-BIRTHPLACE OF MOTHER (State or Country), Norristown Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Heaver

(Address) Norristown Pa

15-

Filed JUL 20 1917, 191.... ROBERT B. KRAUTER
Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

Accident (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Electric Shock
Electric Cranes (Duration) ....yrs. ....mos. ....ds.

(Signed) J. B. Cook M. D.
(Coroner.)
7/17, 191.. (Address) 910 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted if not at place of death? Sparrows Point, Md

Former or usual residence Highlandtown, Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Norristown Pa	July 20, 1917
20-UNDERTAKER J. B. Cook	ADDRESS 1003 E Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6870

HEALTH DEPARTMENT--CITY OF BALTIMORE

63 D 6870

CERTIFICATE OF DEATH

REGISTERED No. C

1 PLACE OF DEATH 1821 Edmondson Ave

CITY OF BALTIMORE (No. Balto md ST.: 30 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Adela C. Kries

(Residence in Baltimore: No. 1821 Edmondson ave. St.: 30 yrs. 4 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 COLOR OR RACE White

5 ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word) Single

6 DATE OF BIRTH March 9, 1887 (Month) (Day) (Year)

7 AGE 30 yrs. 4 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Balto city

PARENTS

10 NAME OF FATHER Peter Kries

11 BIRTHPLACE OF FATHER (State or country) Balto md

12 MAIDEN NAME OF MOTHER Emma J. Reeder

13 BIRTHPLACE OF MOTHER (State or country) Baltimore md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Emma J. Kries

(Address) 1821 Edmondson ave

15 JUL 20 1917 Filed ..... 191 ROBERT N. KRAUTER Burial Permit (Clerk) REGISTRAR

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 17 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1914, to July 17 1917, that I saw her alive on July 17, 1917, and that death occurred, on the date stated above, at 12.27 a. m.

The CAUSE OF DEATH* was as follows:

ascending Paralysis
(multiple Sclerosis)

(Duration) 5 yrs. ..... mos. ..... ds

Contributory (SECONDARY) none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Jos A Bloecher M. D.

July 19, 1917 (Address) 1025 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL New Cathedral — DATE OF BURIAL July 20 1917

20 UNDERTAKER Jos Bloecher — ADDRESS 1003 Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 6872

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 Sarah Ann St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Carter

(Residence in Baltimore: No. 635 Sarah Ann St.; 42 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. 622

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Mar

6-DATE OF BIRTH, ..., 1875.
(Month) (Day) (Year)

7-AGE. 42 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Driver
(b) General nature of industry, business, or establishment in which employed (or employer). Coal Cart

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Carter

(Address) 635 Sarah Ann

15-

Filed JUL 20 1917, 191.. ROBERT B. KRAUSE Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 191., to July 18 191., that I saw h... alive on July 18 191., and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Pulmonary Tuberculosis (Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

Cardiac Dilatation (Duration) yrs. mos. ds.

(Signed) E. Morrow M. D.

July 21, 191.. (Address) 1939 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, July 21, 191.7.

20-UNDERTAKER Daniel Taylor ADDRESS 916 Edmondson

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D. 6872 — 10 4 D. 6872

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 N Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E Towns

(Residence in Baltimore: No. 231 N Gilmor St.; ....yrs., 6 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... June (Month) 1 (Day), 1917 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 6 mos. 19 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm E. Towns

11-BIRTHPLACE OF FATHER (State or Country) Queen Ann Co.

12-MAIDEN NAME OF MOTHER Francis A Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Queen Ann Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm E. Towns

(Address) 231 N. Gilmor

15-

Filed JUL 20 1917, 191..... ROBERT B. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 20 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 12 1917, to July 20 1917, that I saw h im alive on July 19 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. E. Smith M. D.

July 20, 1917 (Address) 1184 Calhoun St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	7-21-, 1917.
20-UNDERTAKER Robert Brooks & Son	ADDRESS 115 Calhoun St

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 6873
1PLACE OF DEATH

CERTIFICATE OF DEATH

92 D 6873
REGISTERED No. C

CITY OF BALTIMORE (No. 2702 Boone 9 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Lee Herman

(Residence in Baltimore: No. 2702 Boone St.; 6 yrs. mos. 7 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July 1, 1911 (Month) (Day) (Year)

7-AGE: 6 yrs. mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE (State or country): Baltimore Co. Md.

PARENTS

10-NAME OF FATHER: Harry H. Herman

11-BIRTHPLACE OF FATHER (State or country): Baltimore Co. Md.

12-MAIDEN NAME OF MOTHER: Rose Trailfelton

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Co. Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Sullivan

(Address) 10 Old York Rd.

15 JUL 20 1917 ROBERT B. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 18, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 17th, 1917, to July 18 1917.
that I saw him alive on July 18, 1917.
and that death occurred, on the date stated above, at 1030 a m.
The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) yrs. mos. 6 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Wm A Pillsbury M. D.

July 18, 1917. (Address) 2801 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Carmel cem — DATE OF BURIAL: July 20, 1917.

20-UNDERTAKER: Robert Brookesen — ADDRESS: Calhoun Hollins Sts

Spec.—8-24-14—M. & T.—2000 Bks.

D 6874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 6874

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE: (No. Mercy Hospital ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alex Borchko

(Residence in Baltimore: No. 1 Church St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word).
Male	White	Married

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 28 yrs. 11 mos. 4 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Car Washer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... " .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St.

15- Filed JUL 20 1917 ROBERT B. ... Registrar.

Burial Permit No. 4392

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1917, to July 17 1917, that I saw him alive on July 17 1917 and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

about

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harold D. Smith M. D.

July 17, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 5 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1 Church St.

Former or usual residence 1 Church St

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, JUL. 20 1917

20-UNDERTAKER

ADDRESS

Bureau of Vital Statistics

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6875

CERTIFICATE OF DEATH.

40 D 6875

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 Covington St ST.; 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary T Brannon

(Residence in Baltimore: No. 1827 Covington St St.; 24 yrs., 1 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May 27, 1893
(Month) (Day) (Year)

7-AGE, 24 yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or.....mtn.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John T Brannon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Julia Keenan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T Brannon

(Address) 1827 Covington St

15- Filed JUL 20 1917, 191.... ROBERT B. KRAUS Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27 1917, to July 18 1917, that I saw h[illegible] alive on July 18 1917, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver.

Primary (Duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw T Seabury M. D.

July 19, 1917. (Address) 1211 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. DATE OF BURIAL, July 20, 1917.

20-UNDERTAKER Jos. Lakey & Sons ADDRESS 1911 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6876

CERTIFICATE OF DEATH.

104 D 6876

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 E. Chase ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine A. Pridgeon

(Residence in Baltimore: No. 1704 E. Chase St. Life (yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 20, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Albert J. Pridgeon

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Nellie Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert J. Pridgeon

(Address) 1704 E. Chase

15- Filed JUL 21 1917, 191.... HARRY C. ANDRIAE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1917, to July 20 1917, that I saw h.r alive on July 19 1917, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Gastroenteritis

(Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) Paul Stetler M. D.

July 20, 191.. (Address) 1314 Eight Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem.

DATE OF BURIAL, July 22 191.7

20-UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Bkn.

D 6872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109 D 6872

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. WARD 11)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate E. Coyle

(Residence in Baltimore: No. Mt. Royal Apartments St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	White Wid

6-DATE OF BIRTH. May 21, 1846
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day.
71 yrs. 1 mos. 29 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. Wm. H. Holland

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Ordea Jennings

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary O. Dudley

(Address) 201 Roland ave

15-

Filed JUL 21 1917 191.... HARRY C. ANDREWS
Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1917 to July 19 1917, that I saw h[er] alive on July 19 1917, and that death occurred, on the date stated above, at 1:30 m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Strangulated Umbilical Hernia

(Duration) 6 yrs. mos. ds.

(Signed) W. R. Holmes M. D.

July 19, 1917. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State — yrs. — mos. 1 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Mt Royal Apts

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, July 21 191.7

20-UNDERTAKER John O. Mitchell — ADDRESS 120 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6878

CERTIFICATE OF DEATH.

79 D 6878

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3900 Collage Ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah T. Blackistone

(Residence in Baltimore: No. 3900 Collage Ave - St.: ....yrs., 10 mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, March 1, 1842 (Month) (Day) (Year)

7-AGE, 75 yrs. 4 mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Kent Co. Md

PARENTS.

10-NAME OF FATHER: Maccall Rasin

11-BIRTHPLACE OF FATHER (State or Country): Kent Co, Md.

12-MAIDEN NAME OF MOTHER: Margaret A. Bowyer

13-BIRTHPLACE OF MOTHER (State or Country): Kent Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Skinner

(Address) 3900 Collage Ave

15- Filed JUL 21 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1917, to July 20 1917, that I saw h.r alive on July 19 1917, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Paralysis

(Duration) 1 yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Myocardial Insufficiency (Duration) Several years yrs. mos. ds.

(Signed) Frances A. Culpepper M. D.

July 21, 1917. (Address) 210 N Madison St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Stull Ford Kent Co — DATE OF BURIAL, July 21, 1917.

20-UNDERTAKER John C Mitchell — ADDRESS 120 E Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6879

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 6879

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Forrest St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J. McKee

(Residence in Baltimore: No. 811 Forrest St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Unknown, 1884
(Month) (Day) (Year)

7-AGE, 33 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wagon Driver
(b) General nature of industry, business, or establishment in which employed (or employer): 073

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Edward McKee

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Gargatte

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian McKee

(Address) 811 Forrest St

15- JUL 21 1917 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29 1917, to July 19 1917, that I saw h.. alive on July 18 1917, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. Bernard Wise M. D.

7/20, 191.. (Address) 914 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, July 23, 1917

20-UNDERTAKER Martin Fahey & Sons — ADDRESS 616 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 6880

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6880

CERTIFICATE OF DEATH.

109

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp ST. or AVE. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo B Callas

(Residence in Baltimore: No. 1803 Edmondson Ave St.; ..... yrs., ... mos., ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 29 (Day), 1856 (Year)

7-AGE 61 yrs. 9 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cigar Packer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Chas A Callas

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER — Benson

13-BIRTHPLACE OF MOTHER (State or Country) Md Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo W Callas

(Address) 1803 Edmondson Ave

15- Filed JUL 21 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 19th (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 14th 1917, to July 19th 1917, that I saw h.m alive on July 19th 1917, and that death occurred, on the date stated above, at 9.30 p m.

The CAUSE OF DEATH* was as follows:
Shock following Operation
for Intestinal Obstruction

(Duration) ..... yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Edw A. Mortimer M. D.

July 21 1917 (Address) 5301 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. In the State 45 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Home
Former or usual residence 1803 Edmondson Ave

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, July 22 1917

20-UNDERTAKER Robt S. Lisle — ADDRESS 531 N Fremont Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 6881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 D 6881

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3018 Walbrook av ST.; 15 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norma Bates Brook

(Residence in Baltimore: No. 3018 Walbrook ave St.; 2 yrs., 2 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 13, 1884
(Month) (Day) (Year)

7-AGE, 32 yrs. 7 mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Louisville, Ky

PARENTS.

10-NAME OF FATHER, Edwd Robinson Bates

11-BIRTHPLACE OF FATHER (State or Country), Boston, Mass

12-MAIDEN NAME OF MOTHER Norma Bower

13-BIRTHPLACE OF MOTHER (State or Country), Mobile, Ala

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles F. Brook

(Address) 3018 Walbrook av

15- Filed JUL 21 1917, 191.... HARRY C. ANDREWS Registrar. Circuit Court

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1917, to July 19 1917, that I saw her alive on July 18 1917, and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) .... yrs. .... mos. 12 ds.

CONTRIBUTORY (Secondary) Acute Arterio Sclerosis

(Duration) .... yrs. .... mos. 7 ds.

(Signed) F. J. Gray M. D.

July 19, 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, July 21, 1917

20-UNDERTAKER John B. Spence — ADDRESS 325 N. Caroline St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6882

CERTIFICATE OF DEATH.

104 D 6882

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3050 Stafford ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and add out No. 18.)

2-FULL NAME Katherine G. McGraw

(Residence in Baltimore: No. 3050 Stafford St.; Lifetime yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate. PHYSICIANS should state AGE should be given EXACTLY.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word.) Single

6-DATE OF BIRTH March 15th, 1916 (Month) (Day) (Year)

7-AGE, 1 yr. 4 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John McGraw

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Emma Piquett

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John McGraw

(Address) 3050 Stafford St

15- Filed JUL 21 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1917, to July 20 1917, that I saw her alive on July 19 1917, and that death occurred, on the date stated above, at 3:15 A m.

The CAUSE OF DEATH* was as follows:

Malnutrition

Unknown (Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastro-enteritis

(Duration) Unknown yrs. mos. ds.

(Signed) Herbert C. Mills M. D.

July 20, 191.. (Address) 2549 Mills Ave

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Catholic Cemetery — DATE OF BURIAL, July 21 1917

20-UNDERTAKER Geo. A. Gerk — ADDRESS Baltimore Md

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6883 ✓ D 6883

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Pin Al. ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emerson Butler

(Residence in Baltimore: No. 1401 Pin Al. St. 29 yrs. 6 mos. 4 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Married

6-DATE OF BIRTH, Jan – 15 –, 1888 (Month) (Day) (Year)

7-AGE, 29 yrs. 6 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Boot Black 813

(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Alex Butler.

11-BIRTHPLACE OF FATHER (State or Country), St Marys Co Md

12-MAIDEN NAME OF MOTHER, Rebecca Somerville

13-BIRTHPLACE OF MOTHER (State or Country), St Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Butler

(Address) 1401 Pin Al.

15. JUL 21 1917 ROBERT N. KRA[illegible] Filed....., 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July – 19 –, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19th, 1917, to July 19 1917, that I saw h[illegible] alive on July 19 1917, and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) – yrs. – mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

July 19, 1917 (Address) 1315 N. Hart

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel	July 22, 1917.
20-UNDERTAKER John W Henderson	ADDRESS 317 Eutaw

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6884 — T 34 — D 6884

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 4 St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Brown

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Mar (Day) 25, (Year) 1898

7-AGE, ... 19 yrs. 3 mos. 22 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George Garner

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Louise Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rect Mercy Hosp

(Address) Calvert St

15- JUL 21 1917 ROBERT N. KRAUTH

Filed ....., 191.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) July (Day) 18, (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from June 18 1917, to July 18 1917, that I saw her alive on July 18 1917, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Lungs 2 mos.

(Duration) Not Known yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward A. Smith M. D.

July 18, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. ..... ds. In the State 4 yrs. 2 mos. ..... ds.

Where was disease contracted, if not at place of death? Valley Lee Md

Former or usual residence Valley Lee Md

19-PLACE OF BURIAL OR REMOVAL, Fort Bedo St. Mary Co. DATE OF BURIAL, July 21, 1917

20-UNDERTAKER Samuel L. Hensley ADDRESS 5780 Liddle

D 6885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 6885

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 637 Greenmount ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M. Spear

(Residence in Baltimore: No. 637 Greenmount St.; yrs. Life mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept. (Month) 28 (Day), 1917 (Year)

7-AGE, ... yrs. 9 mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jno Bailey

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Spears

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Spear

(Address) 637 Greenmount St

15- Filed JUL 21 1917, 191.... [illegible] Registrar.

Burial Permit [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (Cause unk.)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Edward Smith M. D. (Coroner)

July 20, 1917 (Address) 710 Eight St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Cathedral Cem

DATE OF BURIAL, July 21, 1917

20-UNDERTAKER Wm R A Elliott

ADDRESS 504 East 24

Spec.—8-24-14—M. & T.—2000 Bks.

D 6886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 6886

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4108 Belvieu Av ST.; 15th WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Bailey

(Residence in Baltimore: No. 4108 Belvieu Ave St.; 16 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ACCURATE and TRUE ANSWERS to all questions should be made. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. (Month) 17 (Day), 1859 (Year)

7-AGE, 58 yrs. 6 mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Geo. W.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah Ann Fite

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. H. Harrison

(Address) 4108 Belvieu Ave.

15-

Filed JUL 21 1917 191 ROBERT N. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Baltimore July 19, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1 1917, to July 19th 1917, that I saw h[er] alive on July 14th 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Coma of right Kidney

(Duration) 3 yrs. 5 mos. 7 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(Duration) yrs. mos. 10 ds.

(Signed) R. H. Harrison M. D.

July 21, 1917. (Address) 2202 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hardshaphel — DATE OF BURIAL, July 21, 1917.

20-UNDERTAKER Wm J Tuckwell Son — ADDRESS Northern Pa

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6887.

CERTIFICATE OF DEATH.

X137 D 6887.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. University Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Guyton

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1894 (Year)

7-AGE.	If LESS than 1 day,
23 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, F. Deaver

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER L. Fischer

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chief Nurse University Hospital

(Address) Emmit Garland

15- Filed JUL 21 1917, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) July (Day) 21, (Year) 1917.

17- I HEREBY CERTIFY, That I attended deceased from 7/18/17 191 , to 7/21/17 191 , that I saw h alive on 7/21/17 191 , and that death occurred, on the date stated above, at 3.15 A.M.

The CAUSE OF DEATH* was as follows:

.....

.....

1. Myocardial Insufficiency

..... (Duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis

following Child birth (Duration) 7 yrs. 4 mos. Known ds.

(Signed) Frank L. Manns M. D.

7/21/17 191... (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State 23 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence Catonsville Md.

19-PLACE OF BURIAL OR REMOVAL, Long Green Balto Co Md. DATE OF BURIAL, July 21, 191 7

20-UNDERTAKER Stewart Mouzon Co ADDRESS 108 W. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

M 293

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6888

CERTIFICATE OF DEATH.

+4 D 6888

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Vincent St. ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Priscilla Mullen

(Residence in Baltimore: No. 1008 Vincent St. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, (Month) Unknown (Day) ..... (Year) 1847

7-AGE, 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country) A.A. Co Md

PARENTS.

10-NAME OF FATHER, Henry Bates

11-BIRTHPLACE OF FATHER (State or Country) A.A. Co Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) A.A. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Mullen

(Address) 1008 Vincent St

15. Filed JUL 21 1917, 191.... ROBERT B. KRAUTER Registrar

Burial Permit Office

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 19 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 8 1917, to July 19 1917, that I saw her alive on July 19 1917, and that death occurred, on the date stated above, at 10.30 p m.

The CAUSE OF DEATH* was as follows:

Malaria

(Duration) 1 yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Thomas Kilgour M. D.

July 20 1917. (Address) 1001 E. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 7 ds. In the State Life yrs. ... mos. 7 ds.

Where was disease contracted, if not at place of death? Calvert Co. Md

Former or usual residence Calvert Co. Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Owens station Calvert Co Md	July 22, 1917
20-UNDERTAKER	ADDRESS
Edward Brengle	1139 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

D 6889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 6889

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1339 Fremont Ave St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josepha M Smith

(Residence in Baltimore: No. 1339 Fremont ave St.; .....yrs., ...mos. .....ds.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) 11 (Day), 1911 (Year)

7-AGE, ... yrs. 5 mos. 9 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER, Josepha Smith

11-BIRTHPLACE OF FATHER (State or Country). Howard Co Md

12-MAIDEN NAME OF MOTHER Laura Goss

13-BIRTHPLACE OF MOTHER (State or Country). Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josepha Smith

(Address) 1339 Fremont Ave

15- Filed JUL 21 1917, 191..... ROBERT A. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 20 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1917, to July 20 1917, that I saw h[illegible] alive on July 19 1917, and that death occurred, on the date stated above, at 12.40 A.M.

The CAUSE OF DEATH* was as follows:

Acute Ileo Colitis

(Duration) .....yrs. .....mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) E. William Fiss M. D.

July 20, 1917. (Address) 1928 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Harlem Park Calvert Co Md — DATE OF BURIAL, July 21, 1917

20-UNDERTAKER Edward Rungfeld — ADDRESS 1463 Henry

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6890

CERTIFICATE OF DEATH.

104 D 6890

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2040 Eastern Ave ST.; V WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Sienkiewicz

(Residence in Baltimore: No. 2040 Eastern Ave. St.; ..yrs., 5 mos. 19 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. (Month) 2 (Day), 1917 (Year)

7-AGE, ..yrs. 5 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None 000
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Sienkiewicz

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Catharine Kuc

13-BIRTHPLACE OF MOTHER (State or Country), Galicia Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Sienkiewicz

(Address) 2040 Eastern Ave

15- Filed JUL 21 1917 191.. ROBERT B. KRAUSE Registrar. Burial Permit 6867

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 20 (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1917, to July 20 1917, that I saw him alive on July 20, 1917, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

D Enteritis

..... (Duration) ..yrs. 1 mos. ..ds.

CONTRIBUTORY (Secondary) Enteritis - Cholentis

..... (Duration) ..yrs. ..mos. 14 ..ds.

(Signed) ..... M. D.

July 21, 191.. (Address) 2000 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, July 22 1917.

20-UNDERTAKER William Fialkowski ADDRESS 618 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6891

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 6891

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 Poplar Grove St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor M. Rossiter

(Residence in Baltimore: No. 538 Poplar Grove St.; ....yrs....mos....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb. (Month) 19 (Day), 1917 (Year)

7-AGE, ...yrs. 5 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Leo Rossiter

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary Sullivan

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Rossiter

(Address) 538 Poplar Grove st

15-Filed JUL 21 1917, 191.... ROBERT E. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 19th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14th 1917, to July 19th 1917, that I saw her alive on July 19th 1917, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

..... Enteritis

.....

.....

..... (Duration) ....yrs. ....mos. 11 ....ds.

CONTRIBUTORY (Secondary) .....

..... ? (Duration) ....yrs. ....mos. ....ds.

(Signed) Herman P. Evans M. D.

July 20th, 191.... (Address) 833 N. Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cemetery — DATE OF BURIAL, July 21, 1917.

20-UNDERTAKER James Dignan's Son — ADDRESS 1000 S. Paca St

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6892

CERTIFICATE OF DEATH.

79 D 6892

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3025 Westwood Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Alice Carr.

(Residence in Baltimore: No. 3025 Westwood Ave St.; ...yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word.) Married

6-DATE OF BIRTH, July (Month) 20 (Day), 1852 (Year)

7-AGE, 64 yrs. 11 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edward

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Greene

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Foreman

(Address) 3025 Westwood Ave

15- JUL 21 1917 Filed....., 191... ROBERT B. KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 1907 to July 18 1917, that I saw her alive on July 17" 1917, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

.....

.....

(Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

..... (Duration) ..... yrs. 1 mos. 15 ds.

(Signed) O. Newell Duvall M. D.

July 18, 1917 (Address) 1817 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, July 27, 1917

20-UNDERTAKER E. A. Fitzpatrick — ADDRESS 1433 W. North Ave

D 6893

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6893

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Fairview Hospital ST.: 15 WARD) 79

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown Male

(Residence in Baltimore: No. Unknown St.; yrs., mos.... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Unknown

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 55 About yrs. mos. ds. If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Unknown
(b) General nature of industry, business, or establishment in which employed (or employer): 463 87

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed JUL 21 1917 191.... ROBERT B. KRAUT Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found July 16, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Exposure and Cause (Probably)

..... (Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)

..... (Duration)..... yrs..... mos..... ds.

(Signed)..... (Coroner) M. D.

7/21, 1917. (Address)..... 700 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY	....., 19....
20-UNDERTAKER	ADDRESS

D 6894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 6894

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pier 4 Locust Point. St.: 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hayes.(C)

(Residence in Baltimore: No. 1841 Druid Hill Ave. St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored.	Single.

6-DATE OF BIRTH, August, 1 1899, 1
(Month) (Day) (Year)

7-AGE, 27 yrs. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedore.
(b) General nature of industry, business, or establishment in which employed (or employer): 074

9-BIRTHPLACE, (State or Country). Richmond Va.

PARENTS.

10-NAME OF FATHER, John Hayes.(C)

11-BIRTHPLACE OF FATHER (State or Country) Virginia.

12-MAIDEN NAME OF MOTHER Ida B.Crafton.(C)

13-BIRTHPLACE OF MOTHER (State or Country) Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hayes.(C)father.

(Address) 1841 Druid Hill Ave.

15- Filed JUL 21 1917 191... ROBERT B. KRAUTZ Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17th.1917., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Rammard M. D.

July 21,1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cmty — DATE OF BURIAL, JUL 21 1917

20-UNDERTAKER Geo H Holland — ADDRESS 1631 D, H, Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 6895

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 Powers ST.; 13 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Katherine R. Orrum

(Residence in Baltimore: No. 740 Powers st. St.; ....yrs., 5 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb. (Month) 21 (Day), 1917 (Year)

7-AGE, ...yrs. 5 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto City

PARENTS.

10-NAME OF FATHER, Ira L. Orrum

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Myers

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Orrum

(Address) 740 Powers st.

15- JUL 21 1917 Filed....., 191.... ROBERT B. KRAUTH Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 12th 1917, to July 20 1917, that I saw her alive on July 1 1917, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Pulmo Colitis

..... (Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) C. D. Graves M. D.

July 20 1917. (Address) 200 W 32nd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Crem. | DATE OF BURIAL, July 22, 1917

20-UNDERTAKER Ehrenworth & Son | ADDRESS 3617 Chestnut

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6896

CERTIFICATE OF DEATH.

79 D 6896

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter McCrea

(Residence in Baltimore: No. 2571 - W. Fayette St.; .....yrs., mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) 1865 (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... fireman
(b) General nature of industry, business, or establishment in which employed (or employer) 032

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John McCrae

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Susan McGarrity

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph McCrae

(Address) 2571 W. Fayette St.

15-

Filed JUL 21 1917, 191..... ROBERT B. KRAUSER

Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27 1917, to July 20 - 1917, that I saw h im alive on July 20 - 1917, and that death occurred, on the date stated above, at 7.35 p.m.

The CAUSE OF DEATH* was as follows:

Fatty cardiac transformation .....

..... (Duration) Hrs. Minutes.

CONTRIBUTORY (Secondary) Auricular fibrillation

..... (Duration) Hrs. Minutes.

(Signed) B.B. Brumbaugh M.D.

July 20 191.7. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 25 ds. In the State 25 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? not known.

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, St. Patrick Cemetery

DATE OF BURIAL, July 24, 191.7

20-UNDERTAKER John F. Cowan & Son

ADDRESS 901 Hollins St.

N. B.—Attention is invited to the fact that ALL the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6897

CERTIFICATE OF DEATH.

151 D 6897

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 867 W. Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Facher

(Residence in Baltimore: No. 867 W. Lombard St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 20, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER John Facher.

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Agnes Unkenna

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs John Facher

(Address) 867 W. Lombard St

15-

Filed JUL 21 1917 191.... ROBERT D. KRAUSE Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to July 20 1917, that I saw ... alive on July 20 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Premature birth (7 mos)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

July 20, 1917. (Address) 108 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem. DATE OF BURIAL, July ....., 1917

20-UNDERTAKER J J Canavan Sons ADDRESS Gay-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6898

CERTIFICATE OF DEATH.

104 D 6898

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 N. Caroline St. ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth McCoy

(Residence in Baltimore: No. 806 N. Caroline St. St.; ....yrs., 5 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, February 5, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country).
Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Robert E. McCoy

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Estelle Keller

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert E. McCoy

(Address) 806 N. Caroline St.

15- Filed JUL 21 1917, 191... ROBERT B. KRAUTER Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1917, to July 20 1917, that I saw her alive on July 20 1917, and that death occurred, on the date stated above, at 8:15 p. m.

The CAUSE OF DEATH* was as follows:

Acute gastro-Enteritis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Improper Artificial feeding (Duration) — yrs. 4 mos. — ds.

(Signed) John L. Fenby M. D.

7/21, 191.. (Address) 1223 N. Caroline st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peter's Cemetery

DATE OF BURIAL, 7/22, 191..

20-UNDERTAKER Harry W. Mears & Son

ADDRESS 1035 N. Eutaw St.

N.B.—Every item of information should be carefully supplied. Also, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 6899
1-PLACE OF DEATH

CERTIFICATE OF DEATH

119 D 6899
REGISTERED No. C

CITY OF BALTIMORE (No. 906 Sarah Ann St.: 18 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Bryan

(Residence in Baltimore: No. 906 Sarah Ann St.: 2 yrs. — mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	White	Single

6-DATE OF BIRTH: June (Month) 24 (Day), 1915 (Year)

7-AGE: 2 yrs. 11 mos. 26 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Charles Bryan
11-BIRTHPLACE OF FATHER (State or country): Md.
12-MAIDEN NAME OF MOTHER: Gertrude Anderson
13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Gertrude Anderson.
(Address) 906 Sarah Ann St.

15 Filed JUL 22 1917, 191 ROBERT E. KRAUSER Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 20 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1917, to July 20 1917, that I saw h im alive on July 12, 1917, and that death occurred, on the date stated above, at 7.45 a. m.
The CAUSE OF DEATH* was as follows:

acute parenchymatous nephritis

5 days (Duration) — yrs. — mos. 15 ds

Contributory (SECONDARY) none

(Duration) — yrs. — mos. — ds.

(Signed) Chester Roland, M. D.
July 20, 1917 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	July 22, 1917
20-UNDERTAKER Brown & Fleeland	ADDRESS 114 Schroeder St.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6900

CERTIFICATE OF DEATH.

64 D 6900

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Heinrich Inverzagt.

(Residence in Baltimore: No. German Aged Home. St.; 9 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ... June (Month) 4 (Day), 1834 (Year)

7-AGE,	If LESS than 1 day,
83 yrs. — mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Tobias Inverzagt.

11-BIRTHPLACE OF FATHER (State or Country), Hessen Darmstadt, Germany.

12-MAIDEN NAME OF MOTHER Catherine Inverzagt.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... A. Boerckes.....

(Address)..... German Aged Home.....

15- Filed JUL 22 1917 191.... ROBERT B. KRAUTER Registrar. Burial Permit (Name)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to July 21 1917, that I saw h[illegible]ive on July 21 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

Apoplexy.

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Old age

..... (Duration) ....yrs. — mos. ....ds.

(Signed) John L. Neff M. D.

July 21, 191.7. (Address) 1843 N. Baker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 9 yrs. mos. ds. In the State 53 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon | DATE OF BURIAL, July 23 191.7

20-UNDERTAKER Jos B Cook | ADDRESS 1031 Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6901

CERTIFICATE OF DEATH.

104

D 6901

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 W Hamburg ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H Norris

(Residence in Baltimore: No. 1102 W Hamburg St.; 1 yrs., 1 mos. 2 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: June 15, 1916 (Month) (Day) (Year)

7-AGE: 1 yrs. 1 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: William Norris

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Catherine McMoylan

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W C Norris

(Address) 1102 W Hamburg

15-

Filed JUL 22 1917

ROBERT B. KRAUTER
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 19 1917, to July 20 1917, that I saw h— alive on July 19 1917, and that death occurred, on the date stated above, at 6 25 a m.

The CAUSE OF DEATH* was as follows:

Entero Colitis

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) — yrs. — mos. 1 ds.

(Signed) Edw Gunnell M. D.

7/22, 1917. (Address) 517 Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, July 22, 1917

20-UNDERTAKER F A B Cook — ADDRESS 1003 N Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6902

CERTIFICATE OF DEATH.

152 D 6902

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 E Chase St ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morgan Nickel

(Residence in Baltimore: No. 1600 E Chase St St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) S

6-DATE OF BIRTH, July 21, 1917
(Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, 6 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country).

PARENTS.

10-NAME OF FATHER. Geo. C. Nickel

11-BIRTHPLACE OF FATHER (State or Country). City / Balto

12-MAIDEN NAME OF MOTHER Eliz. Kobel

13-BIRTHPLACE OF MOTHER (State or Country). City. Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. C. Nickel

(Address) 1600 E. Chase St.

15- JUL 22 1917 ROBERT B. KRAUTER

Filed....., 191.....

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 191 7, to July 22 191 7, that I saw her alive on July 21 191 7. and that death occurred, on the date stated above, at 6 H m.

The CAUSE OF DEATH* was as follows:

1 Broch Pneumonia

2 Bronchial Atrophia

(Duration).....yrs.....mos. 1 ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Wilbert E Lehmert M. D.

July 22, 191 7 (Address) 1419 E Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, July 23, 1917.

20-UNDERTAKER Henry Hoeck & Son — ADDRESS 1301 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6903

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6903

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 S Durham St.; V WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Heusler

(Residence in Baltimore: No. 208 S Durham St.; 39 yrs., 1 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Wife

6-DATE OF BIRTH. June 4 (Month) (Day), 1878 (Year)

7-AGE. 39 yrs. 1 mos. 16 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John G. Blessing

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Mc Kenna

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elizabeth Nagle

(Address) 308 S Durham St

15- Filed JUL 22 1917 191.... ROBERT B. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 20 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1917, to July 20 1917, that I saw h[illegible] alive on July 20 1917, and that death occurred, on the date stated above, at 10.45 P.m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

..... (Duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) A Rosenau M.D. M. D.

7/21, 1917 (Address) 2311 Eutaw ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, July 24 1917

20-UNDERTAKER Henry Heeck & Son — ADDRESS 1301 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6904 D 6904

CERTIFICATE OF DEATH.

REGISTERED No. C 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M Phillips

(Residence in Baltimore: No. 1809 N Dallas St.; 31 yrs., 1 mos. 21 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 31 (Day), 1886 (Year)

7-AGE, 31 yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Lawrence Klugknapp

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Klaus

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Phillips

(Address) 1809 N. Dallas St

15- JUL 22 1917 ROBERT M. KRAUTH Burial Permit Clerk

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1917, to July 22 1917, that I saw her alive on July 21 1917, and that death occurred, on the date stated above, at 2 9 m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

2 weeks

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration)....yrs. 1 week mos....ds.

(Signed) H Merkel M. D.

....., 191... (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State 31 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? St Josephs Hosp

Former or usual residence 1809 Dallas St Balto Md

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery — DATE OF BURIAL, July 25, 1917.

20-UNDERTAKER Henry Horck & Son — ADDRESS 1301 E Eager St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6905

CERTIFICATE OF DEATH.

71 D 6905

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 434 E. Federal ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna May Robinson

(Residence in Baltimore: No. 408 Bowers alley. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, M. Mendee

11-BIRTHPLACE OF FATHER (State or Country), Portugal

12-MAIDEN NAME OF MOTHER May Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) May Robinson

(Address) 408 Bowers Alley

15- JUL 22 1917 Filed ....., 191.... ROBERT E. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Convulsions (Puerperal)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Kelly M. D.
(Coroner)

July 22, 1917. (Address) 1651 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetary — DATE OF BURIAL, July 22 1917

20-UNDERTAKER Mrs Robert A Elliott — ADDRESS 506 East [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6906

CERTIFICATE OF DEATH.

104 D 6906

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 N Duncan St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Shiner

(Residence in Baltimore: No. 132 N. Duncan St.; ....yrs. 6 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Infant

6-DATE OF BIRTH, Dec 29, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): 00

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, George Shiner

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Anna Celerbuly

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Shiner

(Address) 132 N. Duncan St

15- Filed JUL 22 1917, 191.... ROBERT L. KRAUTER, Special Deputy Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1917, to July 20th 1917, that I saw him alive on July 20th 1917, and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Gastro-enterocolitis

(Duration) ....yrs. ....mos. 10 ds.

(Signed) Frank J. Carl M. D.

July 21st, 1917 (Address) 1367 E. Fremont Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rodeemer — DATE OF BURIAL, July 22, 1917

20-UNDERTAKER Frank Brachey Sr — ADDRESS 1906 Eastern Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6907 ✓ D 6907

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 N Chapel St.; 7 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Zalz

(Residence in Baltimore: No. 940 N Chapel St.; 30 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, ... Not Known (Month) ..... (Day), 1 (Year)

7-AGE, ... 80 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Stone
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Mathy Zalz

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo F Handley

(Address) 938 N Chapel St

15- Filed JUL 22 1917, 191... ROBERT P. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 191.7 to July 20 191.7, that I saw h— alive on July 20 191.7, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Cardiac Dilation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W J Rosenstock M. D.

July 21, 191... (Address) 1 W Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, July 23, 1917.

20-UNDERTAKER Fred Evans Sons — ADDRESS 1906 E Monument

N. B. Entry of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6908

CERTIFICATE OF DEATH.

24 150 D 6908

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 830 Fort Ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Sawyer

(Residence in Baltimore: No. 830 Fort Ave. St.: ....yrs., ...mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ...January.... 20, 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 2 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER, Ernst Sawyer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Violet Hoff

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernst Sawyer

(Address) 830 E Fort Ave.

15- JUL 22 1917 ROBERT B. KRAUTER
Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...July.... 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to July 22 1917, that I saw h... alive on July 22, 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Failure of Foramen Ovale to close

.....

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Blood Conn. Failure

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ....[illegible] Sawyer.....M. D.

July 22, 191.7 (Address) 830 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London PK Cem.	7.23, 191.7
20-UNDERTAKER	**ADDRESS**
J. Fan McCully	820 E. Fort.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6909

CERTIFICATE OF DEATH.

28 D 6909

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2707 Greenmount ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth J. Farman

(Residence in Baltimore: No. 2707 Greenmount St.: 64 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Jan (Month) 1 (Day), 1853 (Year)

7-AGE, 60 yrs. 6 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Mark Wyman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore.

12-MAIDEN NAME OF MOTHER Isabel McClary

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lou F Farman

(Address) 2707 Greenmount

15- FILED JUL 22 1917 191.... ROBERT E. KRAUTH Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 19th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5th 1917, to July 19th 1917, that I saw her alive on July 19th 1917, and that death occurred, on the date stated above, at 2.45P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) —

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos J Gorman M. D.

July 19th 1917. (Address) 25 W Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, July 22, 1917

20-UNDERTAKER Wm Cook — ADDRESS 502 E Hoath

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6910

CERTIFICATE OF DEATH.

64 D 6910

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 N. Linwood Ave ST.; 7 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Elizabeth Ott

(Residence in Baltimore: No. 707 N. Linwood Ave. St.; 34 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 7, 1850 (Month) (Day) (Year)

7-AGE, 67 yrs. 2 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Michael Bach

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catharine Metz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Otterbein

(Address) 1410 William Street

15-

Filed JUL 22 1917 191.. ROBERT E. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 29 1917, to July 20 1917, that I saw her alive on July 9 1917, and that death occurred, on the date stated above, at 8.30a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 3 mos. 22 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) yrs. mos. ds.

(Signed) Wm J Schmuck M. D.

July 20, 1917. (Address) 701 N. Linwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, July 23, 1917.

20-UNDERTAKER William Cook — ADDRESS 509 E North Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6911

CERTIFICATE OF DEATH.

63 D 6911

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital ST.; 2 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Snyder

(Residence in Baltimore: No. 449 E. 22nd St ST.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	single

6-DATE OF BIRTH, Feb (Month) 16 (Day), 1866 (Year)

7-AGE, 51 yrs. 5 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) Druid Hill Park '62

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry Snyder

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Kyle

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss May Faustenhamer

(Address) 449 E. 22nd Street

15- JUL 22 1917 ROBERT D. KRAUTER Filed....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1917, to July 21 1917, that I saw h[illegible] alive on July 21 1917, and that death occurred, on the date stated above, at 10.00 a.m.

The CAUSE OF DEATH* was as follows:

Bulbar Paralysis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) [illegible] M. D.

July 21, 1917. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 449 E 22nd St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, July 24, 191.7

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6912

CERTIFICATE OF DEATH.

D 6912

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winifred Davis.

(Residence in Baltimore: No. University Hospital St.; 0 yrs., 0 mos. 1 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 1, 1883
(Month) (Day) (Year)

7-AGE 34 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

PARENTS.

9-BIRTHPLACE, (State or Country). Wilmington Delaware

10-NAME OF FATHER, James E. Newman

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Agnes R. Price

13-BIRTHPLACE OF MOTHER (State or Country), Wilmington Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. E. Newman

(Address) What Cheer Va.

15- JUL 22 1917 Filed ..... 191.....
ROBERT B. CRAWFORD
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1917, to July 21 1917, that I saw her alive on July 21 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Intented suicide on left
abdomen

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) General debility

(Duration) yrs. mos. 10 ds.

(Signed) John F. Lutz M. D.

July 21, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 1 ds. In the State 2 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death? In Wilmington. Del.

Former or usual residence Wilmington Del.

19-PLACE OF BURIAL OR REMOVAL Wellford, Wharf. Warwick Va. DATE OF BURIAL, July 22 1917.

20-UNDERTAKER John J. Cowart & Son ADDRESS 907 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6913

CERTIFICATE OF DEATH.

+64 D 6913

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Boehmer.

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs....mos....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Widower

6-DATE OF BIRTH, Dec. ....., 1839
(Month) (Day) (Year)

7-AGE, 78 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Robert A Thompson

(Address) 3108 E Baltimore St

15-

Filed JUL 22 1917 ....

ROBERT E. KRUG
REGISTRAR OF VITAL STATISTICS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1917, to July 19 1917, that I saw h.. alive on July 19 1917, and that death occurred, on the date stated above, at 9.10 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) C. P. Smith M. D.

July 19 1917. (Address) 8 Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Lansdowne Balt Co

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, July 23, 1917

20-UNDERTAKER John C Horan — ADDRESS Bank & Aunts.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6914

CERTIFICATE OF DEATH.

50 D 6914

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 N Calvert St.; 11 WARD) REGISTERED No. C

2-FULL NAME Mary F. C. Richardson

(Residence in Baltimore: No. 1215 N Calvert St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH July 10th (Month) (Day), 1841 (Year)

7-AGE. 76 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, James B. Mamar

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martha A. Claborne

13-BIRTHPLACE OF MOTHER (State or Country). Wyms

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Josiah A. Kinsey

(Address) 1215 N. Calvert St

15- JUL 22 1917 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20th (Month) (Day), 1917 (Year).

I HEREBY CERTIFY, That I attended deceased from July 13 1917, to July 20th 1917, that I saw h[illegible] alive on July 20th 1917, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. D. Bonnell M. D.

July 21st 1917 (Address) 10 Tiffany Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount — DATE OF BURIAL JUL 23 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. — ADDRESS 715 Light St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6915
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

79 D 6915
REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2531 Foster ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Turner

(Residence in Baltimore: No. 2531 Foster ave St.; 70 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, June 10, 1841
(Month) (Day) (Year)

7-AGE, 76 yrs. 1 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, Conrad Schaffner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Julia Pennicette

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Turner

(Address) 2045 E Monument

15- JUL 22 1917 ROBERT B. KRAMER
Filed....., 191.... Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1917, to July 14 1917, that I saw h[illegible] alive on July 18 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

.....

Chronic Mitral Valve Disease

..... (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation

..... (Duration) yrs. mos. 3 ds.

(Signed) Walter G Thomas M. D.

July 19, 191.. (Address) 1327 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Matthews Cem.	July 22, 1917
20-UNDERTAKER	ADDRESS
A. Sander Sons	1710 N Eutaw

D 6916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 D 6916

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Fayette Near Arch ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry W. Bell.

(Residence in Baltimore: No. 2716 Evergreen Terrace St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct 12, 1873
(Month) (Day) (Year)

7-AGE, 43 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Silver Chaser
(b) General nature of industry, business, or establishment in which employed (or employer)..... 086

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER. Wm. A. Bell

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Rebecca V. Ward

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca V. Bell

(Address) 2716 Evergreen Terrace

Filed JUL 22 1917, 191.... ROBERT A. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of Skull, caused by being struck by Elmira St Electric Car. (Accidental)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration)....yrs.....mos.....ds.

(Signed) J. D. Driscoll M. D.
(Coroner.)

July 21 1917. (Address) 3127 Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, July 22 1917

20-UNDERTAKER John O. Mitchell ADDRESS 1201 W. Fayette

D 6917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 D 6917

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Union Station Yard) ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Taylor

(Residence in Baltimore: No. 3012 Cedar Av. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) 3 (Day), 1880 (Year)

7-AGE, 36 yrs. 7 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer): Penna. R.R.

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Peter Taylor

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER L. Walker

13-BIRTHPLACE OF MOTHER (State or Country), (Md)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mollie Walker

(Address) 3012 Cedar

15- Filed JUL 22 1917 ROBERT B. KRAUTER Registrar. Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal ~~Injuries~~ Injuries
Probably Fract. Skull
Struck by Car Penna. R.R.
Instantaneous (Duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) Hemorrhage + Shock
Instantaneous (Duration) ....yrs. ....mos. ....ds.

(Signed) H. T. Riley (Coroner.) M. D.

July 24, 1917. (Address) 1422 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenland Md	July 23, 1917
20-UNDERTAKER	ADDRESS
A. J. Marshall	3539 Fells Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

D 6918

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6918

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH St. Vincent's Inf. Asylum

CITY OF BALTIMORE: (No. 1401 Division ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Deller

(Residence in Baltimore: No. 1401 Division St.; ...yrs., 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Wht.	X

6-DATE OF BIRTH. May 20, 1917. (Month) (Day) (Year)

7-AGE. ...yrs. 2 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Joseph Wm Deller

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Bertha L. Firey

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonard McParlen

(Address) 825 N. Fulton St.

15- Filed JUL 23 1917, 191... HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21 (Month) (Day) Sat., 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15, 1917, to July 21, 1917, that I saw her alive on Sat., July 21 1917, and that death occurred, on the date stated above, at 5:30 P.m.

The CAUSE OF DEATH* was as follows:

Child was a twin and poorly developed. Death occured as result of Malnutrition (Duration) ...yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Leonard McParlen M. D.

....., 191... (Address) 825 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 1 mos. 6 ds. In the State ...yrs. 2 mos. 1 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Westport, Md.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, July 23 1917

20-UNDERTAKER H. Fahey & Son. ADDRESS 606 Lafayette

18.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

~~D~~ 6919

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 D 6919

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1316 Monument St., 10 WARD)

REGISTERED No. C

2-FULL NAME Adolf S. Hansen,

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1316 Monument St., yrs., Live ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Wh

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Bach

6-DATE OF BIRTH, ... May (Month) 31 (Day), 17 (Year)

7-AGE, ~~yrs.~~ 3 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER James Hansen,

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Ida Corpuel,

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Hansen

(Address) 1316 Mont

15- Filed ..... JUL 23 1917, 191... Harry D. Peters Clerk

JUL 23 1917

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 22 (Day), 19 17 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Bronchopneumonia

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) .....yrs.....mos.....ds.

(Signed) ..... (Coroner.) M. D.

July 23 1917. (Address) 20 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery — DATE OF BURIAL, July 23, 1917

20-UNDERTAKER Wm R A Elliott — ADDRESS 504 East-Av

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6920

CERTIFICATE OF DEATH.

77 D 6920

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Gaines

(Residence in Baltimore: No. 631 N. Eden St St.; ... yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February 28, 1899
(Month) (Day) (Year)

7-AGE, 18 yrs. 4 mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Gaines

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Harriett Mallory

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) Johns Hopkins Hospital

15-

FILED JUL 23 1917 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1917, to July 20 1917, that I saw her alive on July 20 1917, and that death occurred, on the date stated above, at 10 35 p m.

The CAUSE OF DEATH* was as follows:

Atherosclerosis pericarditis

(Duration) ... yrs. 3 2 mos. ... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) ... yrs. ... mos. 7 ds.

(Signed) Arthur B Goucher 2nd M. D.

July 21, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 7 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 631 N Eden St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery.

DATE OF BURIAL, July 23, 1917.

20-UNDERTAKER Felix D. Pye.

ADDRESS 1126 E. Mulberry St.

D 6921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 6921

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Terminal Hotel. Pratt and Light STS. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gabriel J. Fox

(Residence in Baltimore: No. 1335 N. Gilmore St. Like mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single (?)

6-DATE OF BIRTH, Oct (Month) 5 (Day) 1878 (Year)

7-AGE, 38 yrs. 9 mon. 16 day hrs. or min. If LESS than 1 day,

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Park Officer
(b) General nature of industry, business, or establishment in which employed (or employer): 061

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Balto. Md

11-BIRTHPLACE OF FATHER (State or Country) Gabriel Fox

12-MAIDEN NAME OF MOTHER Ballard

13-BIRTHPLACE OF MOTHER (State or Country) Clara E. Downing

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha B. Bowers

(Address) 1335 Gilmore

15- Filed JUL 23 1917, 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

Sudden (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cause Unknown (Duration) yrs. mos. ds.

(Signed) W J Kelly M. D.
(Coroner.)

July 22, 1917. (Address) 657 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, July 24, 1917.

20-UNDERTAKER Robt. J. Turner — ADDRESS 1424 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 6922

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 6922

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Webbert Fulda

(Residence in Baltimore: No. 1235 Jaines St St.; — yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March 21, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frank Webbert

11-BIRTHPLACE OF FATHER (State or Country), Md. Fulda

12-MAIDEN NAME OF MOTHER Florence Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md. Webbert

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- JUL 23 1917 Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1917, to July 20 1917, that I saw her alive on July 20 1917, and that death occurred, on the date stated above, at 845 p m.

The CAUSE OF DEATH* was as follows:

Ileo-colitis acute

(Duration) 0 yrs. 0 mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry B Conrad M. D.

July 21, 191 7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1235 Jaines St

19-PLACE OF BURIAL OR REMOVAL, Schwartz'g DATE OF BURIAL, July 23 1917.

20-UNDERTAKER Robt T Turner ADDRESS Broadway & Eden St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6923

CERTIFICATE OF DEATH.

D 6923

REGISTERED No. C 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 W. Lexington St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Giachino Gene Jos. Serio

(Residence in Baltimore: No. 625 W Lexington St.; — yrs., — mos. 1 da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July, 21, 1917
(Month) (Day) (Year)

7-AGE, — yrs. — mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Drayman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John Serio

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Arsolina Mazzaro

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Serio

(Address) 625 W. Lexington

15- Filed JUL 23 1917 191.... EARL F. ANGLEBERGER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July, 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July, 21 1917, to July, 22, 1917, that I saw h[illegible] alive on July, 21, 1917, and that death occurred, on the date stated above, at 7a. m.

The CAUSE OF DEATH* was as follows:

Syphilis

(Premature Birth)

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) David Franchini M. D.

7/22/, 191.7 (Address) 1[illegible]2.1 W. Lex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemitry — DATE OF BURIAL, July 23, 191.7

20-UNDERTAKER Mrs. A Rohde & Son — ADDRESS 730 Pa Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6924

CERTIFICATE OF DEATH.

104 D 6924

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Stryker Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virgie Conley

(Residence in Baltimore: No. 902 Stryker Ave St.; Life yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 16, 1917 (Month) (Day) (Year)

7-AGE, 0 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt. Md

PARENTS.

10-NAME OF FATHER, Leon Conley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Matilda Hawkins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Conley

(Address) 902 Stryker

15-

Filed JUL 23 1917 191.....

MABEL C. [illegible]
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 191 7, to July 21 191 7, that I saw h[illegible] alive on July 19 191 7, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) 2 yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary) Rachitis

(Duration) 2 yrs. 7 mos. 1 ds.

(Signed) John F. Staefel M. D.

July 21, 191 7 (Address) 206 S. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Lamar Penn

DATE OF BURIAL, July 23 191 7

20-UNDERTAKER Daniel Easton

ADDRESS 916 Penna Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6925

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 D 6925

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 S. Bethel ST.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michaline Dulkiewicz.

(Residence in Baltimore: No. 410 S. Bethel St.; 1 yrs., 1 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 11 (Day), 1916 (Year)

7-AGE, 1 yrs. 1 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant 800

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Michal Dulkiewicz

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Marya Achalek

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Michal Dulkiewicz

(Address) 410 S. Bethel

15- HARRY C. ANDREWS

Filed JUL 23 1917 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1917, to July 21 1917, that I saw her alive on July 21 1917, and that death occurred, on the date stated above, at 8 30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Primary (Duration) 1 yrs. .... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .... yrs. .... mos. .... ds.

(Signed) M. Jaworski M. D.

July 22, 191.. (Address) 243 Fait Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, July 23, 191..

20-UNDERTAKER William Hasfowski ADDRESS 1618 Eastern ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 69:26

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 69:26

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene L. Pessagno -

(Residence in Baltimore: No. 421 W. Lexington St.: Lifetime yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 3, 1895 (Month) (Day) (Year)

7-AGE, 21 yrs. 10 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Student
(b) General nature of industry, business, or establishment in which employed (or employer)..... Law

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Jas. L. Pessagno

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Mary T. Pessagno

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. L. Pessagno

(Address) 421 W. Lexington St

15- Filed JUL 23 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 7 1917, to July 21 1917, that I saw h.. alive on July 21 1917, and that death occurred, on the date stated above, at 12 20 m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Spreading Peritonitis

(Duration) yrs. mos. 5 ds.

(Signed) J. C. Sponsel M. D.

July 21, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 4 ds. In the State 21 yrs. 10 mos. 18 ds.

Where was disease contracted, if not at place of death? 421 W. Lexington St.

Former or usual residence 421 W. Lexington St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. | DATE OF BURIAL, July 24, 191.7.

20-UNDERTAKER Chas. S. Ward & Son | ADDRESS 118 W. Mt. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 6927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 D 6927

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Hull ST.; 24 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgiana Dresler

(Residence in Baltimore: No. 1317 Hull St.; 25 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. 14th, 1861. (Month) (Day) (Year)

7-AGE, 55 yrs. 11 mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Sallmer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Fredericka Bergner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gustav Dresler

(Address) 1317 Hull St.

15- HARRY C. ANDREWS

Filed JUL 23 1917 191. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21st, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 191., to July 21 191., that I saw h.. alive on July 21 st 191., and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Apoplexy

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Accidental fall down stairway

..... (Duration) ..... yrs. ..... mos. 8 ds.

(Signed) William Custer M. D.

July 23, 191. (Address) 535 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, July 24 191.

20-UNDERTAKER H. Vander Sons ADDRESS 1710 Pleasant

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6928 — D 6928

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. E. 30th st near Harford Road ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle Marie Anders.

(Residence in Baltimore: No. E 30th St near Harford Rds. St.; ..... yrs., 7 mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, DEC. (Month) 23 (Day) 1916 (Year)

7-AGE, ✓ yrs. 7 mos. ✓ ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... School ...
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Jesse Anders Jr.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Myrtle Marie Baker

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jesse L. Anders Jr.

(Address) E. 30th St. near Harford Rd

15- JUL 23 1917

Filed ....., 191.....

REGISTRAR OF VITAL STATISTICS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 191 7, to July 22 191 7, that I saw h er alive on July 20 191 7, and that death occurred, on the date stated above, at 10:30 p. m.

The CAUSE OF DEATH* was as follows:

.....

Meningitis Simple

..... (Duration) ..... yrs. 4 mos. 2 ds.

CONTRIBUTORY (Secondary) Diarrhoea and Enteritis

..... (Duration) ..... yrs. ✓ mos. 5 ds.

(Signed) Geo C Shannon M. D.

July 22, 191 7 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lorraine Cemetary	July 23, 191 7.

20-UNDERTAKER Winston Miller ADDRESS 2334 Jefferson st

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 6929

105

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 202 N Milton Ave ST.: 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margarit A Lutz

(Residence in Baltimore: No. 202 N Milton Ave ST.: 69 yrs. 9 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Oct (Month) 15th (Day), 1848 (Year)

7 AGE: 69 yrs. 9 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9 BIRTHPLACE (State or country): Baltimore City Md

PARENTS

10 NAME OF FATHER: John Jones

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas A Lutz

(Address) 202 N Milton Ave

15. Filed JUL 23 1917, 191 MARY E. ANDREWS Clerk Permit Office REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 21st (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 11th, 1917, to July 21st 1917, that I saw her alive on July 21st, 1917, and that death occurred, on the date stated above, at 1.20 p m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis & Diarrhoea

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Fecal Impaction & Auto Intoxication

(Duration) ..... yrs. ..... mos. 21 ds

(Signed) Elijah J Russell M. D.

July 21st 1917 (Address) 15 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mt Carmel Cemetary

DATE OF BURIAL: July 24 1917

20 UNDERTAKER: Christian Miller

ADDRESS: 2554 Jefferson

Spec.—8-24-14—M. & T.—2000 Blks.

D 6930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

D 6930

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Gough ST.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roland E. Wolff

(Residence in Baltimore: No. 1808 Gough St.; — yrs., 9 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, October 11, 1916
(Month) (Day) (Year)

7-AGE, — yrs. 9 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, J. E. L. Wolff

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Maria H. Vogt

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. E. L. Wolff

(Address) Baltimore

15-

Filed JUL 23 1917 HARRY C. ANDREWS REGISTRAR OF RECORDS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1917, to July 21 1917, that I saw h[illegible] alive on July 21 1917, and that death occurred, on the date stated above, at 5 30a m.

The CAUSE OF DEATH* was as follows:

Debility — Marasmus

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. L. Wallace M. D.

July 24, 1917. (Address) 6 W. Mulb

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Immanuel Cemetery — DATE OF BURIAL, July 23, 1917

20-UNDERTAKER Christian Miller — ADDRESS 2304 Jefferson

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6931

104 D 6931

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 E Chase ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Mabel Vleschouwer

(Residence in Baltimore: No. 1615 E Chase St., (...yrs.... mos. — da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Sngle

6-DATE OF BIRTH, April (Month) 3 (Day), 1917 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 3 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): nil

9-BIRTHPLACE, (State or Country), Augusta Ga

PARENTS.

10-NAME OF FATHER, Louis J Vleschouwer

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Adelia Jolley

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Vleschouwer

(Address) 1615 E Chase

15-

Filed JUL 23 1917 191... HARRY C. ... M.D.
... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1917, to July 20 1917, that I saw h... alive on July 20 1917, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

A Gastro-Enteritis

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ...yrs. ...mos. ...ds.

(Signed) Wallis Whitehurst JR M. D.

July 22, 1917 (Address) 1107 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St Peters Cemty	July 23, 1917

20-UNDERTAKER	ADDRESS
William Cook	507 E North Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8 6932

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 D 6932

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 2904 Bernard St ST.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Pleasant Bull-

(Residence in Baltimore: No. 2904 Bernard St. St.: yrs. 7 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single-

6-DATE OF BIRTH: Nov 26, 1910 (Month) (Day) (Year)

7-AGE: yrs. 7 mos. 26 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Noah Pleasant Bull.

11-BIRTHPLACE OF FATHER (State or country): Parkton, Md.

12-MAIDEN NAME OF MOTHER: Diana Willard McFadden

13-BIRTHPLACE OF MOTHER (State or country): Parkton. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Noah P Bull

(Address) 2904 Bernard St

15- JUL 23 1917 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3, 1917, to July 22 1917.

that I saw him alive on July 22, 1917.

and that death occurred, on the date stated above, at 5 60 PM

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) ..... yrs. ..... mos. 21 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Roscoe G Grossnickle M.D.

July 23, 1917 (Address) 7438 Maryland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Parkton Md — DATE OF BURIAL: July 24, 1917

20-UNDERTAKER: E Le Roy Stiffler — ADDRESS: 844 W 36th

Spec.—8-24-14—M. & T.—2000 Bks.

D 6933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 6933

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph's Hospital St.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hubers

(Residence in Baltimore: No. 3517 Eastern Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 21, 1917.
(Month) (Day) (Year)

7-AGE, — yrs. — mos. — ds.
If LESS than 1 day, 20 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William J. Hubers

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Marie Krueger

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie J. Hubers.

(Address) 3517 Eastern Ave

15- Filed JUL 23 1917, 191.... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 191 , to July 22 191 .
that I saw h[illegible] alive on July 22 191 ,
and that death occurred, on the date stated above, at 1:21 a.m.
The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm R. Johnson M. D.

7/22, 1917. (Address) St Joseph's Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death .... yrs. .... mos. 1 ds. In the State .... yrs. .... mos. .... ds.
Where was disease contracted, if not at place of death?
Former or usual residence 3517 Eastern Ave

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, July 23, 1917.

20-UNDERTAKER Lilly and Zuler ADDRESS 403 S. Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

P D 6934

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6934

CERTIFICATE OF DEATH.

REGISTERED NO. C 61

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Smith

(Residence in Baltimore: No. 528 N. Madeira St. St.; ..... yrs., 13 mos. 24 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, Unknown 1 .....
(Month) (Day) (Year)

7-AGE, ...yrs. 13 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) ..... none

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Libby

(Address) Johns Hop. Hosp

15- JUL 23 1917 HARRY O. ANDREWS

Filed ..... 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22nd, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 29th 1917, to July 22 1917, that I saw him alive on July 22 1917, and that death occurred, on the date stated above, at 12.15 A m.

The CAUSE OF DEATH* was as follows:

..... Meningitis Epidemic .....

.....

.....

..... (Duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

Empyema (Duration) .....yrs. .....mos. 24 ds.

(Signed) J. M. Rawls M. D.

7/22, 1917 (Address) Johns Hopkins Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 528 N Madeira St

19-PLACE OF BURIAL OR REMOVAL Laurel cemetery — DATE OF BURIAL, July 23 1917

20-UNDERTAKER A. E. Gross — ADDRESS 1405 McElderry st

917
84

D 6935 HEALTH DEPARTMENT—CITY OF BALTIMORE 1917 D 6935

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 713 N Calhoun St. 7th WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Simons

(Residence in Baltimore: No. 713 N Calhoun St. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word) Widower

6-DATE OF BIRTH, April 28, 1833
(Month) (Day) (Year)

7-AGE, 84 yrs. 2 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tobacco
(b) General nature of industry, business, or establishment in which employed (or employer). 040

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Martin

(Address) 713 Calhoun St.

15- JUL 23 1917 HARRY O. ANDREWS Burial Permit Clerk

Filed ....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by firearms

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Jno. J. Turley M. D.
(Coroner.)

July 23 191.. (Address) N. C. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Woodlawn DATE OF BURIAL, July 23, 19.17

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—S-24-14—M. & T.—2000 Bks.

D 6936

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6936

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1240 Riverside Ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno. Alex. Randall

(Residence in Baltimore: No. 1240 Riverside Ave St.; 42 yrs., 8 mos. 6 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 15, (Month) (Day) 1873 (Year)

7-AGE, 43 yrs. 8 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Painter
(b) General nature of industry, business, or establishment in which employed (or employer) Self

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John A Randall

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Catherine Quann

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Randall

(Address) 1240 Riverside Ave

15- JUL 23 1917

Filed....., 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 1917, to July 21 1917, that I saw h[illegible] alive on July 20 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(Duration) 10 yrs. mos. ds.

(Signed) Philip B. Towles M. D.

July 21, 1917. (Address) 1433 William St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, July 23, 1917

20-UNDERTAKER Wm. J. Evans & Sons ADDRESS 1428 Linden Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6937 P

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 6937 56

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 261 E Hamburg St. St.: 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank H Kloid

(Residence in Baltimore: No. 261 East Hamburg St.; 44 yrs. 2 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	Married

6-DATE OF BIRTH: April (Month) 30 (Day), 1873 (Year)

7-AGE: 44 yrs. 2 mos. 22 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): 103

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Frank Kloid

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Kloid

(Address) 261 E. Hamburg St.

15- FILED JUL 23 1917, 191.....

MARY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 22 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 16, 191.., to, July 22 191.., that I saw h.. alive on July 21 191.., and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Toxemia

(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) E D Bruns M. D.

July 23 191.. [Address] 301 E Eager St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cem. Balto. DATE OF BURIAL: July 27 191 7

20-UNDERTAKER: E & S. Hafle ADDRESS 115 E. West St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6938

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6938

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Wilkinson

(Residence in Baltimore: No. 223 Lewis St St.; 7 yrs., 9 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, October 6, 1909 (Month) (Day) (Year)

7-AGE, 7 yrs. 9 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel Wilkinson

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Annie Smith

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hosp.

15- JUL 23 1917 Filed....., 191... Registrar. MARY O. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22 191 to July 22 191 7, that I saw him alive on July 22 191 7, and that death occurred, on the date stated above, at 9:15 p m.

The CAUSE OF DEATH* was as follows:

Lead poisoning chronic

(Duration) 0 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry B. Conrad M. D.

July 23, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 223 Lewis St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, July 25, 1917

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6939 ✓ 6 D 6939

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Cornell St.; 22 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Erma Ruth Vogel

(Residence in Baltimore: No. 611 Cornell St. St.; 2 yrs.,.....mos.....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August 10, 1915.
(Month) (Day) (Year)

7-AGE, 1 yrs. 11 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry Vogel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mamie Duvall

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Vogel

(Address) 611 Cornell St

15- JUL 23 1917 HARRY C. ANDREWS
Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1917, to July 22 1917, that I saw h[illegible] alive on July 23 1917, and that death occurred, on the date stated above, at 12 A m.

The CAUSE OF DEATH* was as follows:

.....Pneumonia.....

..... (Duration) .....yrs. .....mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

..... (Duration) .....yrs. .....mos. 6 ds.

(Signed) Harry Glassman M. D.

July 23, 1917. (Address) 2687 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cumberland Md	July 23 1917
20-UNDERTAKER	ADDRESS
Wm J Tickner & Son	34 N. Mech

Spec.—8-24-14—M. & T.—2000 Blks.

D 6940

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 6940

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Etting ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marvin R Brady

(Residence in Baltimore: No. 1620 Etting St.; ....yrs. 7 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Colored	Single

6-DATE OF BIRTH, March 20th (Month) (Day), 1916. (Year)

7-AGE,	If LESS than 1 day,
....yrs. 7 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of Industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert E Brady

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Anne R Dyer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anne R Brady

(Address) 1620 Etting St

15- Filed JUL 23 1917 HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21st 1917, to July 22 1917, that I saw h.... alive on July 22 1917, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

(a) Status Epilepticus

Cardiac Condition

(Duration) — yrs. — mos. 1st ds.

CONTRIBUTORY (Secondary) Epilepsy

(b) (Duration) ....yrs. ....mos. 10 ds.

(Signed) Edward H Andrews M. D.

July 23, 1917. (Address) 1335 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
St Thomas Cmtry Randallstown Md	July 23, 1917.
20-UNDERTAKER Geo H Holland	ADDRESS 1631 D, H, ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1006

D 6941

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

D 6941

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 408 E 22 1/2 St.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME albert Cox

(Residence in Baltimore: No. 408 E 22 1/2 St.; yrs. 1 d mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE. 23 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labrer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country) Warsan Va.

PARENTS.

10-NAME OF FATHER, William Glass

11-BIRTHPLACE OF FATHER (State or Country) Warsan Va

12-MAIDEN NAME OF MOTHER Mary Cot

13-BIRTHPLACE OF MOTHER (State or Country), Warsan Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother Mary Cot

(Address) 408 E 22 1/2 St

15-

Filed JUL 23 1917 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cough

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Morrison M. D.
(Coroner.)

July 22 191.. (Address) 1132 Robinson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, July 24, 1917.

20-UNDERTAKER Mrd Robert A Elliott

ADDRESS 506 East Pl

D 6942

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6942

CERTIFICATE OF DEATH.

+109

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No..... Steamer Northumberland. Chesapeake Bay. ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Vanlandingham.

(Residence in Baltimore: No. None.(Pier 3 Light St.Wharf.) St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White.	Married.

6-DATE OF BIRTH, June 4th. 1856. ....., 1..... (Month) (Day) (Year)

7-AGE, 61 yrs. 1 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Trucker.
(b) General nature of industry, business, or establishment in which employed (or employer)..... 056

9-BIRTHPLACE, (State or Country). Coan Va.

PARENTS.

10-NAME OF FATHER. George Vanlandingham.

11-BIRTHPLACE OF FATHER (State or Country) Coan Va.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country) Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. A M. Brent.

(Address)..... Heathville Va.

15- Filed JUL 23 1917 191.. HARRY C. ANDREWS Registrar. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July, 23rd. 1917. ....., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.. inquiry ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intussusception

Interseption of Bowels.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Peritonitis.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ~~Patrick Reis~~ Otho M. Reinhardt (Coroner) M. D.

July, 23, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Coan Va.

Former or usual residence ..... Coan Va.

19-PLACE OF BURIAL OR REMOVAL. Northumberland Va. DATE OF BURIAL, July 23 1917

20-UNDERTAKER Williams Cook ADDRESS Coan & Wathen

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6943

CERTIFICATE OF DEATH.

81 D 6943

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2522 E Baltimore ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Meisfeit

(Residence in Baltimore: No. 2522 E Baltimore St.; 64 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, December 10 (Month) (Day), 1837 (Year)

7-AGE, 79 yrs. 7 mos. 11 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, George Büsing

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Stimmedel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Beckel

(Address) 2522 E Baltimore

15- Filed JUL 23 1917, 191.... ROBERT B. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 7 1917, to July 21 1917, that I saw h— alive on July 21 1917, and that death occurred, on the date stated above, at 2.34 P m.

The CAUSE OF DEATH* was as follows:

Senile Cystitis

..... (Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) General Debility

..... (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Max C. Nurse M. D.

July 23, 1917. (Address) 125 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore

DATE OF BURIAL, July 24, 191.7

20-UNDERTAKER Louis Heiman

ADDRESS 32 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6941

CERTIFICATE OF DEATH.

151 D 6941

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 Brent ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Mrs Amos Bishop

(Residence in Baltimore: No. 1920 Brent St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, July (Month) 19 (Day), 1917. (Year)

7-AGE,	If LESS than 1 day,
...yrs. ...mos. 2 ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Amos Bishop

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co Md

12-MAIDEN NAME OF MOTHER Louise Watkins

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amos Bishop

(Address) 1920 Brent St

15-

Filed JUL 23 1917 191... ROBERT B. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20 191..., to July 21 191...,
that I saw h.r alive on July 21 191...,
and that death occurred, on the date stated above, at ...m.

The CAUSE OF DEATH* was as follows:

(a) Premature Birth
(b) (Eight month baby)
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) .....
(Duration) ...yrs. ...mos. ...ds.

(Signed) E. S. Williams M. D.
July 21, 191... (Address) 925 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	..., 191...
20-UNDERTAKER	ADDRESS

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14996

Spec.—8-24-14—M. & T.—2000 Blks.

D 6945

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6945

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Warner ST.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jane Green

(Residence in Baltimore: No. 1015 S. Warner St St.; 15 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fee

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE. 55 yrs. 7 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 870

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wes Bailey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Bailey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Hucker

(Address) 1137 W. Henrietta St

15-

Filed ....., 191.....

ROBERT D. FRAZIER
Registrar.

JUL 23 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1917, to July 20 1917, that I saw her alive on July 20 1917, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Postmortem Paralysis

(Duration) yrs. mos. 2 wks.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) L. A. Keenan M. D.

July 24, 1917 (Address) 52 N. Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, July 23 1917.

20-UNDERTAKER Beth Hooper

ADDRESS 609 Fulton Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6946 — 109 — D 6946

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. Franklin square Hospital. ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Mrs. Catherine Rhea (Rea)

(Residence in Baltimore: No. 703 Forrest St. St.; ....yrs. ....mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ..., 1863
(Month) (Day) (Year)

7-AGE, 54 yrs. ....mos. ....ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Italy.

PARENTS.

10-NAME OF FATHER, Jacomo Sansoni

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Angelo Cattalana

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Joseph Rea

(Address)..... 703 Forrest St

15- Filed JUL 23 1917, 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7-22 1917, to 7-22 1917, that I saw h.. alive on 7-22 1917, and that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction
due to hernia of bowel
into mesentery
..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)
..... (Duration) ....yrs. ....mos. ....ds.

(Signed) H. H. Johnston M. D.
7-22, 191.7 (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem. DATE OF BURIAL, July 24, 191.7

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 Stricker St

Spec.—8-24-14—M. & T.—2000 Bks.

D 6947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

138 D 6947

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2735 Riggs Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Akrieg

(Residence in Baltimore: No. 2735 Riggs Ave St.: ..... yrs., 3 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Sept 9, 1889
(Month) (Day) (Year)

7-AGE. 28 yrs. 10 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE. (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm G Baker.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Anna Hall

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna Baker

(Address) 2735 Riggs Ave

15-

Filed JUL 23 1917 191.....

ROBERT B. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1917, to July 22 1917, that I saw h[illegible] alive on July 21 1917, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Eclampsia. (Puerperal)

General Toxemia

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

July 22, 1917 (Address) 1305 E Pat Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, July 25 1917.

20-UNDERTAKER Geo M. Knill

ADDRESS 811 N Wolfe

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FRACTIONS should not be used. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6948

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 D 6948

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2735 Riggs Ave St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Chas & Caroline King

(Residence in Baltimore: No. 2731 Riggs Ave St.; ... yrs., ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, July 21, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ... mos. 15 mm ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...
(b) General nature of industry, business, or establishment in which employed (or employer) ... 688

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John C Krieg

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Caroline A Baker

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C Krieg

(Address) 2735 Riggs Av

15- Filed JUL 23 1917, 191... ROBERT B. KRAMER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 21 191 7, to July 21 191 7, that I saw her alive on July 21 191 7, and that death occurred on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Acute Toxaemia
(7 mos Foetus)
(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...
(Duration) ... yrs. ... mos. ... ds.

(Signed) B. P Herzog M D.

July 22, 191.7 (Address) 130 E Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, July 25, 191.7

20-UNDERTAKER Geo M Frick — ADDRESS 611 Mad Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6949

CERTIFICATE OF DEATH.

96 D 6949

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 N. Chester ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Borek

(Residence in Baltimore: No. 935 N. Chester St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 27th (Month) (Day), 1859 (Year)

7-AGE, 58 yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer)..... 088

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Josef Borek

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Marie Zahuska

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank J. Borek

(Address) 935 N. Chester St.

15- Filed JUL 23 1917 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20 1917, to July 21 1917, that I saw h in alive on July 18 1917, and that death occurred, on the date stated above, at 2 30 p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

July 21, 1917. (Address) 604 N. Bulter St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, July 24th 1917

20-UNDERTAKER Geo M. Kline — ADDRESS 501 N. Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6950

CERTIFICATE OF DEATH.

104

REGISTERED NO. (.....) D 6950

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 W. Conway ST.; 27 WARD)

2-FULL NAME Cornell Lee Spaulding

(Residence in Baltimore: No. 610 W. Conway St.; yrs. 4 mos. 4 ds.)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. March (Month) 19 (Day), 1917 (Year)

7-AGE, ...yrs. 4 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Spaulding

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Josephine

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Spaulding

(Address) 610 W. Conway

15- Filed JUL 23 1917, 191.... ROBERT B. KRAUTZ Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1917, to July 23 1917, that I saw h[illegible] alive on July 22 1917, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Malaria Infantilis

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Malaria Tertiana

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. C. Trulinger M. D.

7/23/17, 191.. (Address) 682 Gay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cedar Hill — DATE OF BURIAL, July 24, 191..

20-UNDERTAKER J. C. Cook — ADDRESS 1003 Wash

N. B.—Every item of information, should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6951

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6951

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Bertha Elfenbeitz

(Residence in Baltimore: No. University Hospital St.; ....yrs., ...mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, March 10, 1887
(Month) (Day) (Year)

7-AGE, 30 yrs. 4 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John E. Myers

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Joanna McHenry

13-BIRTHPLACE OF MOTHER (State or Country), Woodlawn, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address) Balto. Md.

15-

Filed JUL 23 1917 191.... ROBERT B. KRAUTER
BUTIAL PERMIT CLERK
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 22 1917, to July 23 1917, that I saw h.. alive on July 23 1917, and that death occurred, on the date stated above, at 1.15 A.m.

The CAUSE OF DEATH* was as follows:

Postpartum Obstruction

(Duration) Not known mos. ds.

CONTRIBUTORY (Secondary) Pelvic Abscess

(Duration) Not known mos. ds.

(Signed) Francis T. Maginnis M. D.

July 23 191... (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence Ellicott City Md

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Rosslyn Md. DATE OF BURIAL, July 25, 1917.

20-UNDERTAKER J. B. Cook ADDRESS 1003 W. Balto St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximate statement may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 6952

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 6952

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH General German Aged Home

CITY OF BALTIMORE: (No. Baltimore & Payson ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Kirby

(Residence in Baltimore: No. Baltimore Cor Payson St St.; 75 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Widow

6-DATE OF BIRTH, Nov. (Month) 7 (Day), 1832 (Year)

7-AGE, 84 yrs. 8 mos. 15 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Isaac Sewell

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Margaret Freeman

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of German Aged Home

(Address) Baltimore & Payson

15- JUL 23 1917 ROBERT B. KRAUTER
Filed ..... 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to July 22nd 1917, that I saw her alive on July 22nd 1917 and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Paralysis)

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Hauff M. D.

July 23., 1917. (Address) 1843 W. Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 6 mos. ds. In the State 75 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? .....

Former or final residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, July 24 191.7

20-UNDERTAKER Jos Block — ADDRESS 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 6953

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2524 McHenry ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin L. Jones

(Residence in Baltimore: No. 2524 McHenry St.: 1 yrs., — mos. 3 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: July (Month) 20 (Day), 1916 (Year)

7-AGE: 1 yrs. mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Howard Jones

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Batch

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Batch

(Address) 2524 McHenry St

15- JUL 23 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Enteritis Gastro-Enteritis

.....

.....

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Intestinal Entry—

(a) Cholera (Duration) 1 yrs. ....mos. ....ds.

(Signed) James M Fenton M. D. (Coroner.)

July 23 1917 (Address) 7 W. E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Elkridge Ind — DATE OF BURIAL, June 24, 1917.

20-UNDERTAKER J. B. Cook — ADDRESS June 23/17 103 W Baltimore St

Spec.—6-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6954

CERTIFICATE OF DEATH.

104

D 6954

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2120 Fleet ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Geralski

(Residence in Baltimore: No. 2120 Fleet St. St.; yrs., 8 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. 10, 1916 (Month) (Day) (Year)

7-AGE, 8 yrs. 8 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. John Geralski

11-BIRTHPLACE OF FATHER (State or Country). Poland

12-MAIDEN NAME OF MOTHER Carolina Poletz

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Geralski

(Address) 2120 Fleet St

15- JUL 23 1917 ROBERT P. KRAUTH Burial Permit Clerk

Filed....., 191.... Registrar.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Physicians are requested to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21. 1917, to July 23 1917, that I saw h[illegible] alive on July 22 1917, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) John H. Rehberger M. D.

July 27, 1917. (Address) 1709 Aliceanna

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, July 24, 1917

20-UNDERTAKER Wm Hagerstown — ADDRESS 618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 6955

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6955

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 S. Bethel ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Wachowiak

(Residence in Baltimore: No. 616 S. Bethel St.) (If LESS than 1 day, 22 yrs. 9 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct (Month) 6 (Day), 1893 (Year)

7-AGE, 23 yrs. 9 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None. 600
(b) General nature of industry, business, or establishment in which employed (or employer): " "

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Nepomucyn Wachowiak

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Magdalena Bartkowiak

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Magdalen Bartkowiak

(Address) 616 S. Bethel St

15-

Filed OCT 23 1917 191.....

ROBERT B. KRAUTER
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to July 23 1917, that I saw h[er] alive on July 20 1917, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Eugene S. Pen. Jno M. D.

July 23, 1917. (Address) 2314 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, July 26, 1917

20-UNDERTAKER William Falkowski ADDRESS 1618 Eastern

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Petronella Rybak.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6956

D 6956

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1905 Aliceanna St.; (WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Petronella Rybak

(Residence in Baltimore: No. 1905 Aliceanna St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Not Known, 1894
(Month) (Day) (Year)

7-AGE, 23 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Austria Galicia

PARENTS.

10-NAME OF FATHER, Gregory Kuc

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ignacy Rybak

(Address) 1905 Aliceanna

15-

Filed JUL 23 1917, 191.... ROBERT A. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1 1917, to July 22 1917, that I saw h[illegible] alive on July 22 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Collapse

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. J. McDaniel M. D.

July 23, 1917 (Address) 2048 Albert

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, July 24, 1917

20-UNDERTAKER Wellcome Fitzgerald — ADDRESS 16 E. Eastern Ave

T. S.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Earl Yates

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6957

D 6957

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Vincent's Infant Asylum

CITY OF BALTIMORE: (No. 1401 Division ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Yates (Earl).

(Residence in Baltimore: No. 1401 Division St.; ....yrs.,....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White.	Single

6-DATE OF BIRTH, Dec. 9 (Month) (Day) 1916 (Year)

7-AGE, ...yrs. 7 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Virginia.

PARENTS.

10-NAME OF FATHER, Ruben

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Grace Anderson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonard M.C. Parker

(Address) 1114 Harford Ave.

15- JUL 23 1917 ROBERT B. KNAUER

Filed....., 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 9 1917, to July 23, 1917, that I saw h[e] alive on July 23, 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Severe Case of Summer Diarrhea

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. M. C. Parker M. D.

....., 191... (Address) 1114 Harford Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Md.	July 23., 1917.
20-UNDERTAKER	ADDRESS
E & B Hark	E. West St.

Andrew Foehrkolb

D 6958

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6958

CERTIFICATE OF DEATH.

+ 184

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1 West Hoffman WARD)

REGISTERED No. C

2-FULL NAME Andrew F. Oehrkolb,

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1906 Ave (Essex Balto Co) St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Married,

6-DATE OF BIRTH, May 30 1851
(Month) (Day) (Year)

7-AGE, 66 yrs. 2 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Jockey Hauer

9-BIRTHPLACE. (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wm Walter Sr.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Kunigel Goldschlag

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Faubbel

(Address) 1906 Ave

15- JUL 23 1917 ROBERT D. KRAUTER

Filed....., 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Stomach Disease, by heart disease
Duration yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner.) M. D.

, 191... (Address) 3 + C. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. 4 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Essex Balto Co. Md.

Former or usual residence Near the Essex P.O. Balto Co

19-PLACE OF BURIAL OR REMOVAL. Sacred Heart Cem. DATE OF BURIAL, July 24, 1917

20-UNDERTAKER Tilly + Zeller ADDRESS 1038 Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

Frances Nueslein

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6959

CERTIFICATE OF DEATH.

104 D 6959

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 Lancaster ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Nueslein

(Residence in Baltimore: No. 1533 Lancaster St. St.; ..... yrs., 7 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Dec (Month) 9 (Day), 1916 (Year)

7-AGE, ... yrs. 7 mos. 13 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, James Nueslein

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Mary Kedzeska

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James P. Nueslein

(Address) 1533 Lancaster St

15-

Filed JUL 23 1917, 191.. ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1916, to July 22 1917, that I saw h[illegible] alive on July 22 1917, and that death occurred, on the date stated above, at 1.05 a. m.

The CAUSE OF DEATH* was as follows:

Acute Ileo Colitis

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Inanition

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos. L. Valentine M. D.

July 22, 1917 (Address) 1.6 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Cem

DATE OF BURIAL, July 24, 1917

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Wolfe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6960 — 104 — D 6960

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's Home St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Berry

(Residence in Baltimore: No. St. Elizabeth's Home St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6-DATE OF BIRTH, not known, ... (Month) ..... (Day) 1 (Year)

7-AGE, 1 yrs. 6 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... " .....

9-BIRTHPLACE, (State or Country), N. J.

PARENTS.

10-NAME OF FATHER, Walter Berry

11-BIRTHPLACE OF FATHER (State or Country), Wash. D. C.

12-MAIDEN NAME OF MOTHER, Leonra Chapman

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonra Berry

(Address) 906 West St.

15- Filed JUL 24 1917 191..... HARRY C. ANDREWS Registrar. Deputy Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1917, to July 22 1917, that I saw h[illegible] alive on July 22 1917 and that death occurred, on the date stated above, at 7:15 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal Decomposition

about (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Bunts M. D.

July 22 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. ds. In the State yrs. 5 mos. ds.

Where was disease contracted, if not at place of death? St Elizabeth's Home

Former or usual residence St. Elizabeth's Home

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, July 24 191.7

20-UNDERTAKER Samuel Hemsley ADDRESS 578 Druid

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6961

CERTIFICATE OF DEATH.

D 6961

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 Sterling St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Winder Jr

(Residence in Baltimore: No. 712 Sterling St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 187[illegible]
(Month) (Day) (Year)

7-AGE, 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Long Green Md

PARENTS.

10-NAME OF FATHER, Henry Winder

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Green

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. J. Chatsman

(Address) Corkeysville Md

15-

Filed JUL 24 1917 191.... HARRY C. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1917, to July 23 1917, that I saw him alive on July 22 1917, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Heart Failure
Bright's Disease

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Bright's Disease

(Duration) yrs. 1 mos. 11 ds.

(Signed) Dr. Gist Kennard M. D.

July 23, 1917. (Address) 708 Eason St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Long Green St. Md DATE OF BURIAL, July 24 191..

20-UNDERTAKER Samuel Hensley ADDRESS 57 Bevans

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Fractions of time may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6962

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 221 Aisquith ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Dworken

(Residence in Baltimore: No. 221 Aisquith St St.; 11 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Abkan (Month) (Day), 1884 (Year)

7-AGE, 28 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Kira Levin

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Broger

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levis

(Address) 1411 E Baltimore St

15- Filed JUL 24 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 14 1917, to July 23 1917, that I saw h-r alive on July 22 1917, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency
Mitral stenosis
Mitral Insufficiency
(Duration) 4 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation
(Duration) 1 yrs. mos. ds.

(Signed) Jack Cohen M. D.

July 23 1917 (Address) 2235 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Workmens Circle Cemetery DATE OF BURIAL, 7/24, 1917

20-UNDERTAKER Jack Lewis ADDRESS 1411 E Baltimore

NOTE.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6963

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 6963

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 651 Hanover ST.; 22 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Morris

(Residence in Baltimore: No. 651 Hanover St.; 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June 12, 1862 (Month) (Day) (Year)

7-AGE, 55 yrs. 6 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Hairdress.
(b) General nature of industry, business, or establishment in which employed (or employer) 041

9-BIRTHPLACE, (State or Country), A. A. Co. Md.

PARENTS.

10-NAME OF FATHER, Wm. Thomas.

11-BIRTHPLACE OF FATHER (State or Country), A. A. Co Md

12-MAIDEN NAME OF MOTHER Annie Smith

13-BIRTHPLACE OF MOTHER (State or Country), A. A. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tillie Stewart

(Address) 651 Hanover St.

15-

Filed JUL 24 1917, 191.....

BARNEY O. AN... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to July 21 1917, that I saw her alive on July 21 1917, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) F. E. Linthicum M. D.

July 23 191 7 (Address) 1313 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery DATE OF BURIAL, July 23, 1917.

20-UNDERTAKER JAMES H. DENNIS ADDRESS 1303 PRESTMAN ST.

R. B.—Every item of information should be carefully supplied. AGE should be carefully ascertained. PROFESSION, trade or CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6964

CERTIFICATE OF DEATH.

164 D 6964

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 N. Monroe ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Gray

(Residence in Baltimore: No. 1311 N. Monroe St.; ....yrs. 5 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, Jan 27 (Month) (Day) 1917 (Year)

7-AGE, ...yrs. 5 mos. 25 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER, Lyolld Gray

11-BIRTHPLACE OF FATHER (State or Country). Balto Md.

12-MAIDEN NAME OF MOTHER Viola Gray

13-BIRTHPLACE OF MOTHER (State or Country). Balto md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Viola Gray

(Address) 1311 Monroe st.

15- Filed JUL 24 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1917, to July 21 1917, that I saw h er alive on July 18 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) John D. Quinn M. D.

July 23 1917. (Address) 1507 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn cemetery

DATE OF BURIAL, July 24, 1917

20-UNDERTAKER CHAS H. DENNIS ADDRESS 303 PRESTMAN ST

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6965

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6965

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 S Broadway ST.; 2 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Tuszynski

(Residence in Baltimore: No. 706 S Broadway St.; ..... yrs., 10 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 24 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 10 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ..

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Tuszynski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Joanna Kulikowska

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Tuszynski

(Address) 708 S Broadway

15-

Filed JUL 24 1917 191.... HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 1917, to July 24 1917, that I saw h[illegible] alive on July 24 1917, and that death occurred, on the date stated above, at 5 [illegible] m.

The CAUSE OF DEATH* was as follows:

Difficult Labor

..... (Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Valentine M. D.

July 24, 1917. (Address) 110 Exeter

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Holy Rosary — DATE OF BURIAL, July 24 1917

20-UNDERTAKER Wm Falkowski — ADDRESS 610 Exeter

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6966

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 6966

CERTIFICATE OF DEATH

120

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No 1146 Russell ST. 7 WARD)

2-FULL NAME Virginia Hebron

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1146 Russell St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Unknown 1866. (Month) (Day) (Year)

7-AGE: about 51-7/20 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): 041

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Churchill Bailey

11-BIRTHPLACE OF FATHER (State or country): Princess Anne Co. Md.

12-MAIDEN NAME OF MOTHER: Elizabeth Colbert

13-BIRTHPLACE OF MOTHER (State or country): Balto., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carrie Johnson

(Address) 541 W. Fort St.

15- Filed JUL 24 1917

HARRY C. MORTON
Special Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 23 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 8. , 1917, to, July 23 1917, that I saw her alive on July 22 1917, and that death occurred, on the date stated above, at 2.20 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (Duration) yrs. mos. ds.

Contributory (SECONDARY) Probably 18 mos

(Duration) yrs. mos. ds.

(Signed) C. L. Nuckolls M. D.

July 23 1917 [Address] 332 S. Eilwor

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn

DATE OF BURIAL: July 25 1917

20-UNDERTAKER: S. H. Crouse & Son

ADDRESS: 18 S. Monty St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6967 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 6967

CERTIFICATE OF DEATH.

30

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Rita Moore.

(Residence in Baltimore: No. 110 Thursday Court St.; 8 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. ACCURATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ...July..... (Month) 2 (Day) 1909 (Year)

7-AGE, 8 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none 000
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mana Madden

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Lisley

(Address) Johns Hopkins Hosp

15- JUL 24 1917 MARRY [illegible] 191... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22nd, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1917, to July 22 1917, that I saw her alive on July 22 1917, and that death occurred, on the date stated above, at 3.30 A.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry B. Conrad M. D.

July 23, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. 1 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 110 Thursday St.

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, ..., 191...

20-UNDERTAKER

ADDRESS

997

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6968

CERTIFICATE OF DEATH.

18 D 6968

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2418 Fleet ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Appel Jr

(Residence in Baltimore: No. 2418 Fleet St.; 6 Yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. (Month) 17 (Day), 1876 (Year)

7-AGE, 40 yrs. 7 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER Frederick Appel

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eliz. Schaefer

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Smith

(Address) 772 S. Kenwood Ave

15- Filed JUL 24 1917, 191.... MARBY C. ANDREWS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22, 1917, to July 24 1917, that I saw him alive on ... 23 1917, and that death occurred, on the date stated above, at 3.55 m.

The CAUSE OF DEATH* was as follows: 9

Empyema

(Duration) ... yrs. ... mos. 11 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas L. Mier M. D.

July 24, 1917. (Address) 408 S. Patapsco Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Oak Lawn

DATE OF BURIAL, July 26 1917

20-UNDERTAKER H. Sander & Sons

ADDRESS 710 E. Lat

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6969

CERTIFICATE OF DEATH.

D 6969

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 3 WARD)

REGISTERED No. C 61

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Karlson

(Residence in Baltimore: No. 224 S. Broadway St.; 7 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Oct 24 (Month), 1856 (Day), (Year)

7-AGE, 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Clerical 007

977

9-BIRTHPLACE, (State or Country), Sweden

PARENTS.

10-NAME OF FATHER, A. Carlson

11-BIRTHPLACE OF FATHER (State or Country), Sweden

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), Sweden

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Carlsen

(Address) 224 S Broadway

15- JUL 24 1917

Filed ..... 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1917, to July 22 1917, that I saw him alive on July 22 1917, and that death occurred, on the date stated above, at 6:00 a.m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebro Spinal Meningitis

at Birth (Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) [illegible] (Duration) yrs. mos. ds.

(Signed) Edward Bauer M. D.

July 22 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death? 224 S. Broadway

Former or usual residence 224 S. Broadway

19-PLACE OF BURIAL OR REMOVAL, Pt Evangelical

DATE OF BURIAL, July 23 1917.

20-UNDERTAKER H. Sander & Sons

ADDRESS 1710 Eden St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6970 — 28 — D 6970

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Jackson

(Residence in Baltimore: No. 1713 Shields Alley St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Male	Black	Supposed

6-DATE OF BIRTH, Dec 24, 1887
(Month) (Day) (Year)

7-AGE, 29 yrs. 6 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Day 040

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Arthur Jackson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Margaret Diamond

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15- FILED JUL 24 1917 HARRY C. ANDREWS
Filed....., 191..... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1917, to July 21 1917, that I saw him alive on July 21 1917, and that death occurred, on the date stated above, at 4:00 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Did not Know

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Edward B. Smith M. D.

July 27 1917. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 19 ds. In the State 17 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 1213 Shields Alley

Former or usual residence 1713 Shields Alley

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemet — DATE OF BURIAL, July 24, 1917.

20-UNDERTAKER J. Henry Smith — ADDRESS No. Lanvale

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

243

Spec.—8-24-14—M. & T.—2000 Blks.

D 6971

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6971

CERTIFICATE OF DEATH.

104

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 E Church ST., 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Mrg

(Residence in Baltimore: No. 204 E Church St.)

Life (yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec / (Month) ..... (Day) 1916 (Year)

7-AGE, 0 yrs. 7 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Balt City

PARENTS.

10-NAME OF FATHER, Wm H Mrg

11-BIRTHPLACE OF FATHER (State or Country), Balt City

12-MAIDEN NAME OF MOTHER Lucia Stevens

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W H Mrg

(Address) 204 E Church St

15-

Filed JUL 24 1917 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20 1917, to July 23 1917, that I saw h er alive on July 23 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) 0 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Cunham M. D.

July 23 1917 (Address) 1305 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, 7-25, 1917.

20-UNDERTAKER Howard E Tully

ADDRESS 2713 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 6972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 6972

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 S. Broadway ST.; 2 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bronislawa Lutozykoski

(Residence in Baltimore: No. 727 S. Broadway St.; ...yrs., 8 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov (Month) 6" (Day), 1916 (Year)

7-AGE, ...yrs. 8 mos. 18 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

000 000

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Viruty Lutozykowski

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland.

12-MAIDEN NAME OF MOTHER Lucia Pastnowsy

13-BIRTHPLACE OF MOTHER (State or Country), Austria Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincenty Lutozykowski

(Address) 727 S. Broadway

15- Filed JUL 24 1917, 191... MARY C. ANDREWS Registrar.

Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22 1917, to July 24 1917, that I saw h-er alive on July 23 1917, and that death occurred, on the date stated above, at 1a. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) John H. Ruhberger M. D.

July 24, 1917. (Address) 170 7 Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary.	July 25, 1917
20-UNDERTAKER	ADDRESS
W. F. Sadowski	705 S. Ann St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 6973

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1385 Whatcoat ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elenora Thomas

(Residence in Baltimore: No. 1385 Whatcoat St.; 1 yrs. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Febry (Month) 21 (Day) 1916 (Year)

7-AGE, 1 yrs. 5 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Harrison Thomas.

11-BIRTHPLACE OF FATHER (State or Country) Cambridge Md.

12-MAIDEN NAME OF MOTHER Mary Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo E Shannon

(Address) 700 Fulton Ave

15- JUL 24 1917 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1917, to July 23 1917, that I saw her alive on July 22 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Gastritis - from Dentition

(Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary) Exhaustion from marasmus

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Geo E Shannon M. D.

July 23, 1917 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, July 24 1917

20-UNDERTAKER Edward Ringgold — ADDRESS 14 & 34 Carey

over — Over

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 6974

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 6974

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 E Fayette St 6 WARD) REGISTERED No. C 120

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Ridgley

(Residence in Baltimore: No. 1534 E. Fayette St., St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 16th (Day) 1846 (Year)

7-AGE, 71 yrs. 1 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Laborer (40 143) (b) General nature of industry, business, or establishment in which employed (or employer) on Street

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Lewis Ridgley.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Martin

(Address) 1534 E. Fayette St.

15- Filed JUL 24 1917, 191.... HARRY C. ANGELES Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1917, to July 22 1917, that I saw h m alive on July 21, 1917, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) 3 yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. 3 mos. — ds.

(Signed) Richard J. Eastinger

July 22, 1917 (Address) 1534 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL July 25th, 1917.

20-UNDERTAKER Harry A Bodeny ADDRESS 1725 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6975

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 6975

1-PLACE OF DEATH: Johns Hopkins Hospital — REGISTERED No. C 37

CITY OF BALTIMORE: (No. North Broadway St.: 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Frances Hartman

(Residence in Baltimore: No. 207 N. Washington AT. St.; Life yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Divorced

6-DATE OF BIRTH: Don't know (Month) (Day) 876 (Year)

7-AGE: 41 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Work at Home
(b) General nature of industry, business, or establishment in which employed (or employer):
X 097

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Joseph Hartman

11-BIRTHPLACE OF FATHER (State or country): Austria

12-MAIDEN NAME OF MOTHER: Theresa Mitchell

13-BIRTHPLACE OF MOTHER (State or country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Albert Hartman

(Address): 914 Haw St.

15- JUL 24 1917 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 6, 1917, to, July 23 1917, that I saw her alive on July 23 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thromosis (Luetic) and endarteritis.

(Duration) yrs 5 mos. 23 ds.

Contributory (SECONDARY) Lues - Nephritis (Cardiac hypertrophy) (Duration) 20 yrs mos. ds.

(Signed), Augusta Scott M. D.

July 23 1917 [Address] Hopkins Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs 2 mos 14 ds. In the State 46 yrs mos ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence 207 N. Washington Street

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: July 26, 1917

20-UNDERTAKER: J. M. Cook — ADDRESS: 502 E North ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6976 — 64 — D 6976

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1806 Milton Ave ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Priscilla~~ Priscilla Hubbard

(Residence in Baltimore: No. 1806 N Milton ave St.; 74 yrs. 5 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. ~~Female~~ Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the words) Married

6-DATE OF BIRTH, February 8, 1843 (Month) (Day) (Year)

7-AGE, 74 yrs. 5 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Shadrack Brooks

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Margaret Hubbard

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Wm. E. Hubbard
(Address) 1806 Milton ave.

15-
JUL 24 1917
Filed....., 191.. MARY C. ANDREWS
BURIAL PERMIT Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1917, to July 23 1917, that I saw h[er] alive on July 23 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
about 3 weeks
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Collenborn M. D.
July 24, 1917 (Address) 1810 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cemetery — DATE OF BURIAL, July 25, 1917

20-UNDERTAKER Wm Cook — ADDRESS, 502 E. North ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6035

D 6977

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6977

CERTIFICATE OF DEATH.

89

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1829 Lemmon ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank B. Long

(Residence in Baltimore: No. 1829 Lemmon St.: yrs. 36 mos. ~~da.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Married

6-DATE OF BIRTH, Oct ~~24~~ 26, 1880
(Month) (Day) (Year)

7-AGE, 36 yrs. 7 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Trucker 073
(b) General nature of industry, business, or establishment in which employed (or employer): W.M.Q. R.R.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John J. Long

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Catherine Imwold

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Paul

(Address) 1827 E. Lemmon

15- JUL 24 1917

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

a. Acute Congestion of Lungs

(Duration)....yrs....mos. 1/2 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration)....yrs....mos. 1/2 ds.

(Signed) James M. Kenton M. D.
(Coroner.)

July 23 1917. (Address) 7 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, July 26 1917

20-UNDERTAKER Geo. L. Schmatz & Bro.

ADDRESS 2101 Eutaw Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6978

CERTIFICATE OF DEATH.

28 D 6978

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 S Carey ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lottie M Heath

(Residence in Baltimore: No. 528 South Carey St.; 1 yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 4 (Month) (Day), 1876 (Year)

7-AGE, 40 yrs. 7 mos. 19 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 637

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo A J Jubb

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Josephine Linted

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno H Heath (Husband)

(Address) 528 S Carey

15-

Filed JUL 24 1917 191... ROBERT R. KRAUTER... Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23d, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19th 1917, to July 23d 1917, that I saw h[er] alive on July 23d 1917, and that death occurred, on the date stated above, at 1 5P m.

The CAUSE OF DEATH* was as follows:

a Hemorrhage Pulmonary

..... (Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

..... (Duration) 4 yrs. ... mos. ... ds.

(Signed) C. B. Hammond M. D.

....., 191... (Address) 435 N Eliwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Wagoner Church Cem | DATE OF BURIAL, July 25, 191 7

20-UNDERTAKER Cumberland Co ADDRESS West

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 6979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 6979

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hyman Friedman

(Residence in Baltimore: No. Hebrew Hospital St.; .....yrs., ...mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE~~ MARRIED, WIDOWED, ~~OR DIVORCED~~. (Write the word.) Widower

6-DATE OF BIRTH. ....., 1..... (Month) (Day) (Year)

7-AGE. 76 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of Industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Don't Know

11-BIRTHPLACE OF FATHER (State or Country). Don't Know

12-MAIDEN NAME OF MOTHER. Don't Know

13-BIRTHPLACE OF MOTHER (State or Country). Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address).....

15- Filed JUL 24 1917 191.. ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 23, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 16 1917, to July 23 1917, that I saw h[illegible] alive on July 23 1917, and that death occurred, on the date stated above, at 11 [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Chronic Hypertension

(Duration) (?) yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) [illegible] M. D.

July 23, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Balto Hebrew

DATE OF BURIAL July 25 191..

20-UNDERTAKER Paul Sondheim

ADDRESS 118 N Howard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6980

CERTIFICATE OF DEATH.

167

REGISTERED No. C.....

D 6980

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 E. Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Washington

(Residence in Baltimore: No. 1425 E. Mount St.; 30 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Feb. 12, 1865
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
52 yrs. 5 mos. 10 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): P.L. Crumpton

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward W. Washington

(Address) 1425 E. Mount St.

15- Filed JUL 24 1917, 191.... Registrar.

ROBERT E. LEAVELL

July 24th Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from February 10 1917, to July 19 1917, that I saw her alive on July 19 1917, and that death occurred, on the date stated above, at 10 50 P. m.

The CAUSE OF DEATH* was as follows:

Burns & legs (fire).
Clothing caught fire from stove.
Exhaustion (Duration) 7 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis
(Duration) 7 yrs. 3 mos. ds.

(Signed) John D. Quinn M. D.

July 23, 1917. (Address) 1507 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	July 25, 1917.
20-UNDERTAKER	ADDRESS
Edward Kingsdale	1163 N. Carey

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6981

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 Riverside ave St.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Batchelor

(Residence in Baltimore: No. 1506 Riverside ave St.; 58 yrs., 7 mos. 9 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Dec. (Month) 4 (Day), 1858 (Year)

7-AGE, 58 yrs. 7 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Henry Kunze

11-BIRTHPLACE OF FATHER (State or Country), germany

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Burns

(Address) 1506 Riverside Ave.

15- Filed JUL 24 1917 ROBERT J. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23rd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1917 to July 23rd 1917, that I saw h er alive on July 23rd 1917, and that death occurred, on the date stated above, at 2 a.m. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) ....yrs. ....mos. 23 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) T. H. Birnie M. D.

July 24th, 1917. (Address) 107 Linn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, July 25, 1917.

20-UNDERTAKER M. J. Flynn — ADDRESS 1422 Light

D 6982

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6982

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1526 Olive St. St.: 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME Annie Rogers.

(Residence in Baltimore: No. 1526 Olive St. St.: 68 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	White.	Widow.

6-DATE OF BIRTH, December 25th. 1856 (Month) (Day) 1 (Year)

7-AGE, 80 yrs. 6 mos. 27 ds. If LESS than 1 day, hrs. or mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country), Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary Haslup.(daughter)
(Address) 1533 Hanover St.

15- Filed JUL 24 1917, 191... ROBERT R. KRAUTER Registrar.
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22nd. 1917. (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner.) M. D.

July. 22, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cem. DATE OF BURIAL, July 25 1917

20-UNDERTAKER M. L. Flynn ADDRESS 1421 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6983

CERTIFICATE OF DEATH.

81 D 6983

1-PLACE OF DEATH Bloom & Madison Ave.

CITY OF BALTIMORE: (No. Bellevieu Apartments ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Walter

(Residence in Baltimore: No. Bellevieu Apts, Bloom & Madison Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, June 22 (Month) (Day), 1842 (Year)

7-AGE, 75 yrs. 1 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Commission
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Raphael Walter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rachel Walter

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) L. L. Walter

(Address) Marlborough Apts

15-

Filed JUL 24 1917 191.. ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1917, to July 23 1917, that I saw h[illegible] alive on July 23 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

General weakness 4 wks.
age. Arteriosclerosis

(Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Adler M. D.

July 24, 1917. (Address) 1718 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew — DATE OF BURIAL, July 25, 1917.

20-UNDERTAKER J. Aikens & Co — ADDRESS 1611 Madison

Be sure that DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6981 D 6981

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) St Joseph's Hosp ST.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Carr

(Residence in Baltimore—No. 39th & Oak St. St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, December 27, 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. 6 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Patrick Carr

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Rose Maughan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Burton

(Address) Riderwood Md.

15- Filed JUL 25 1917 1917 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23d, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19 1917, to July 23 1917, that I saw h[illegible] alive on July 23 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Duration 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema

(Duration) yrs. 2 mos. ds.

(Signed) William F. O'Neill M. D.

7/23, 1917. (Address) St Joseph's Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 0 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Dont Know

Former or usual residence 39th & Oak St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	July 27 1917

20-UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

over

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6985

HEALTH DEPARTMENT—CITY OF BALTIMORE

168

D 6985

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Manufacturers Record Bldg) (Commerce St.) (Water St.) (WARD) 9

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Pearson

(Residence in Baltimore: No. 1108 Forsuch Av) (St.; yrs. 30 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: July (Month) 15 (Day), 1852 (Year)

7-AGE: 63 yrs. 0 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): 062

9-BIRTHPLACE, (State or Country): England

PARENTS.

10-NAME OF FATHER: Henry Pearson

11-BIRTHPLACE OF FATHER (State or Country): England

12-MAIDEN NAME OF MOTHER: Don't know

13-BIRTHPLACE OF MOTHER (State or Country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie S. Pearson

(Address) 1108 Forsuch Ave

15- JUL 25 1917 Filed ..... 191.... HARRY C. ANDREWS Actual Transmitting Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: July (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia due to Illuminating Gas. accidental

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs....mos....ds.

(Signed) ..... M. D. (Coroner)

July 24 1917. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mt. Olivet — DATE OF BURIAL: July 25, 1917

20-UNDERTAKER: Wm Cook — ADDRESS: 502 E. Mott

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6986

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Battery Ave St.; 24 WARD)

REGISTERED No. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Heil

(Residence in Baltimore: No. 1514 Battery Ave St.; 30 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Paper hanger
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Matthew Heil

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Wirtmann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Heil

(Address) 1514 Battery ave

15- JUL 25 1917

Filed ....., 191.... MARY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 26 1916, to July 23 1917, that I saw h[illegible] alive on July 21 1917, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Degeneration

(Duration) yrs. mos. 5 Mos

CONTRIBUTORY (Secondary) Chronic Nephritis arteriosclerosis

(Duration) yrs. 7 mos. ds.

(Signed) J. F. Hart Kemp M. D.

7-24 1917 (Address) 1 E Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Elkridge Md Howard County DATE OF BURIAL, July 25, 1917

20-UNDERTAKER E L Fanning ADDRESS 1460 Battery ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6987

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6987

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 W. Franklin ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Linthicum.

(Residence in Baltimore: No. 1207 W. Franklin St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. (Month) 27 (Day), 1825 (Year)

7-AGE, 91 yrs. 6 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ———

9-BIRTHPLACE, (State or Country), Howard Co. Md.

PARENTS.

10-NAME OF FATHER, Hezekiah Linthicum

11-BIRTHPLACE OF FATHER (State or Country), Howard Co. Md.

12-MAIDEN NAME OF MOTHER Ann Dorsey.

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Linthicum

(Address) 1207 W. Franklin St.

15-

Filed JUL 25 1917 HARRY C. ANDREWS Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4, 1917, to July 23, 1917, that I saw h.. alive on July 20, 1917 and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

General Senile Decay

Unknown (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Dilatation of Heart

(Duration) 1 yrs. Unknown mos. ... ds.

(Signed) Albert J. Chambers M. D.

July 23, 1917. (Address) 1012 W. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Grove, Howard Co. DATE OF BURIAL, July 25, 1917

20-UNDERTAKER Easton's Sons ADDRESS Ellicott City

D 6988

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2026 Fountain ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Kluszczynski

(Residence in Baltimore: No. 2026 Fountain Ave St.; yrs. 2 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH April (Month) 29 (Day) 1914 (Year)

7-AGE ..... yrs. 2 mos. 27 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

100

9-BIRTHPLACE (State or country) City

PARENTS

10-NAME OF FATHER Walter Kluszczynski

11-BIRTHPLACE OF FATHER (State or country) Baltimore

12-MAIDEN NAME OF MOTHER Catherine Krnazewska

13-BIRTHPLACE OF MOTHER (State or country) Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Kluszczynski

(Address) 2026 Fountain

15- JUL 25 1917 Filed ....., 191.... MARY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17, 1917, to July 24 1917, that I saw h.. alive on July 24 1917, and that death occurred, on the date stated above, at 5 30 m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Geo C Blades M. D.

This 25 day, 191.... [Address] 1426 Binney

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Holy Rosary DATE OF BURIAL July 25, 191 7

UNDERTAKER Williams & Jackson ADDRESS 1618 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 6989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 6989

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hebrew Hospital ST.; Fe[illegible] WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Yashinsky (Jasinski)

(Residence in Baltimore: No. 622 S. Bond St.; ....yrs.,7 mos.3 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Femal | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, Dec 22, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 3 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... " 000

9-BIRTHPLACE, (State or Country), Baltro

PARENTS.

10-NAME OF FATHER, Frank Jasinski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Josefa Stashowicz

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Frank Jasinski
(Address) 622 S Bond

15-
Filed JUL 25 1917, 191.... HARRY C. [illegible]
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 1917, to July 24 1917, that I saw h[illegible] alive on July 24 1917, and that death occurred, on the date stated above, at 6.40 p.m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) none

(Duration) ....yrs. ....mos. ....ds.

(Signed) Max Lewin M. D.

7/24, 191.7 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 3.40 hrs. | In the State Life ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 622 S Bond St

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary | DATE OF BURIAL, July 25, 1917

20-UNDERTAKER Wm Garl Kowalski | ADDRESS 168 Caroway

D 6990

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

89 ✓

D 6990

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2314 W. Balto) ST. (WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Alexander Meyer

(Residence in Baltimore: No. 2314 W. Balto St.: 0 yrs. 0 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Baby

6-DATE OF BIRTH: July (Month) 5 (Day), 1917 (Year)

7-AGE: 0 yrs. 0 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Baby 000
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Carl A Meyer

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Christina Mayer

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Karl A. Meyer

(Address) 2314 W. Balto St

15 JUL 25 1917 19.. HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 24 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1917, to July 19, 1917, that I saw him alive on July 19, 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) 0 yrs. 2 mos. 7 ds

Contributory (SECONDARY) Congenital Debility (9 mo)

(Duration) 0 yrs. 0 mos. 19 ds.

(Signed) Thos A Schaefer M. D.

July 24, 1917 (Address) 2505 W Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: 7/25 1917

20-UNDERTAKER: Geo L Schwab Bro — ADDRESS: 1101 Druid Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 6991 D 6991

108

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Lario St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Winkler Holland

(Residence in Baltimore: No. 1413 Lario St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June 7, 1890
(Month) (Day) (Year)

7-AGE, 27 yrs. 1 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic 070
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retail Storekeeper

9-BIRTHPLACE, (State or Country), Cecil Co. Md.

PARENTS.

10-NAME OF FATHER, Wm. L. Holland

11-BIRTHPLACE OF FATHER (State or Country), Cecil Co. Md.

12-MAIDEN NAME OF MOTHER Susan Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Susan Holland

(Address)..... 1413 Lario St.

15-

Filed JUL 25 1917 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20-1917, to July 23-1917, that I saw h.. alive on July 23-1917, and that death occurred, on the date stated above, at 12-20 P. m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) — yrs. — mos. 1 ds.

(Signed) Chas. L. McCarthy M. D.

July 23, 1917 (Address) 2063 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Peters — DATE OF BURIAL, July 26, 1917.

20-UNDERTAKER Barnes & Cowgill — ADDRESS 1364 Mary

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6992 151 D 6992

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. St. Joseph's Hospital. ST.; Caroline & Orleans Sts. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Karl Theller

(Residence in Baltimore: No. 2034 E. Lanvale St. St.; Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, June 8, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Charles E. Theller.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Ida E. Eberhardt

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) by Charles E. Theller

(Address) 2034 E. Lanvale St.

15- Filed JUL 25 1917 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1917, to July 24 1917, that I saw him alive on July 24, 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ....yrs. ....mos. 28 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Edw. Nolli, Jr. M. D.

July 24, 1917. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 2034 E. Lanvale St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, July 25, 191...

20-UNDERTAKER Albert E. Fuller — ADDRESS 721 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 6993

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6993

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Glenolden Ave ST.: 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Catharina Rein

(Residence in Baltimore: No. 607 Glenolden Ave St.; 60 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	widowed

6-DATE OF BIRTH. April (Month) 4 (Day), 1849 (Year)

7-AGE. 68 yrs. 3 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... house-wife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 137

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Henry Hergarth

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Dorothea Weigel

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christopher Rein

(Address) 607 Glenolden Ave.

15-

Filed JUL 25 1917, 191.... HARRY C. ANDREWS

Burial Permit Officer.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 1917, to July 22 1917, that I saw her alive on July 22 1917, and that death occurred, on the date stated above, at 3.40 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of gall-bladder

(Duration) mo yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) atrophic cirrhosis of liver

(Duration) unknown yrs. mos. ds.

(Signed) Chester Riland M. D.

7-22-, 1917. (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, July 26, 1917

20-UNDERTAKER Wm. A Rohde & Son — ADDRESS 730 Park

P 6991 HEALTH DEPARTMENT—CITY OF BALTIMORE 6991

CERTIFICATE OF DEATH. 168

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital, ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Jones,

(Residence in Baltimore: No. 221 N Durham St.; yrs., mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown
(Month) (Day) (Year)

7-AGE, 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Lewis Chemical Co

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG.

(Informant) [illegible]

(Address)

15-

Filed JUL 25 1917 191 HARRY C. ANDREWS
Burial Permit Officer.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Congestion of Lungs.

Accidental (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Trouble

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner.) M. D.

191 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY

DATE OF BURIAL, 191

20-UNDERTAKER

ADDRESS

P. 6995

1312

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6995

CERTIFICATE OF DEATH.

182

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1312 N. Stricker ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche Smith

(Residence in Baltimore: No. 1312 N. Stricker St. St. yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colr

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1892 (Year)

7-AGE, 25 yrs. 5 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private family

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va (Col)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willie Brown

(Address) Virginia

15-

Filed JUL 25 1917 191.... HARRY C. ANDREWS Clerk
Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) ..... find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Tuberculosis Pulmonary

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Wheatstone M. D.
(Coroner)

July 25, 1917. (Address) 49 Courtland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Irvington Lancaster Co Va

DATE OF BURIAL, July 25 1917.

20-UNDERTAKER Daniel Easton

ADDRESS 416 Penna Ave

Spec.—5-19-15—M. & T.—500 Blks.

D 6996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 D 6996

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Penrose ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen M. Hager

(Residence in Baltimore: No. 1803 Penrose St.; ✓ yrs. 9 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Oct (Month) 2 (Day), 1908 (Year)

7-AGE, ✓ yrs. 9 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None 000
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Hager

11-BIRTHPLACE OF FATHER (State or Country), N.Y.

12-MAIDEN NAME OF MOTHER Mary V. O'Connor

13-BIRTHPLACE OF MOTHER (State or Country), N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hager

(Address) 1803 Penrose St

15-

Filed OCT 25 1917 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22 1917, to July 24 1917, that I saw h[illegible] alive on July 24 1917, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Streptococcus + Diphtheria

Septicemia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Tapeworm Poisoning

(Duration) ....yrs. ....mos. ....ds.

(Signed) T. V. Edmunds M. D.

Aug 25, 1917. (Address) 1236 N. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Aug 25 1917

20-UNDERTAKER, Geo. A. Saxby ADDRESS Fulton & Fayette

N.B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Alberta Bell

D 6997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37

D 6997

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 51 E. Hughes ST.; 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberta Bell

(Residence in Baltimore: No. 51 E. Hughes St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... July (Month) 19 (Day), 1884 (Year)

7-AGE, 33 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic 037
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Francis Newman

11-BIRTHPLACE OF FATHER (State or Country), Washington Dc.

12-MAIDEN NAME OF MOTHER Alice C. Walker

13-BIRTHPLACE OF MOTHER (State or Country), Alexandria Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hans Bond

(Address) 51 E Hughes

15- JUL 25 1917 ROBERT B. KRAUTER

Filed ..., 191... REGISTRAR (Signature of) Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1917, to July 25 1917, that I saw h[illegible] alive on July 25 1917, and that death occurred, on the date stated above, at 5.50a, m.

The CAUSE OF DEATH* was as follows: Gas Poisoning Suspected

... (Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Cyst Ovary

... (Duration) ... yrs. 1 mos. ... ds.

(Signed) C. H. Flowers M. D.

July 25, 191.7 (Address) 712 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, July 27, 191.7

20-UNDERTAKER M. Doyle & Son

ADDRESS 15 E. Lee St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2901

Spec.—8-24-14—M. & T.—2000 Bks.

D 6998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

D 6998

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1803 McHenry ST.; 19 WARD)

2-FULL NAME Chas C Hartley

(Residence in Baltimore: No. 1803 McHenry St.; Life yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 13th, 1863
(Month) (Day) (Year)

7-AGE, 53 yrs. 9 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Produce Merchant

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Chas C Hartley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Alice C Coleman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs C Hartley

(Address) 1803 McHenry St

15- JUL 25 1917 ROBERT B. KRAUTER
Filed....., 191.... Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23rd, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1st 1917 to July 23rd 1917, that I saw him alive on July 23rd 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Exhaustion and Exhaustion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Throat

(Duration) 1 yrs. 1 mos. ds.

(Signed) Robt L McNamara M. D.

July 24, 1917. (Address) 5301 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	July 26th, 1917
20-UNDERTAKER	ADDRESS
John J Fields Son	W Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 6999

CERTIFICATE OF DEATH.

105 D 6999

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 S. Robinson ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Guterman

(Residence in Baltimore: No. 1103 S. Robinson St.; life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Dont Know ..... (Month), ... (Day), 18.. (Year)

7-AGE,	If LESS than 1 day,
65 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... at Home 037
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housewife

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Baltimor Md

12-MAIDEN NAME OF MOTHER Elizabeth Jones

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Guterman

(Address) 1103 S. Robinson

15- Filed JUL 25 1917 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 25th ..... (Month), (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 5th 191 7, to July 25th 191 7, that I saw her alive on July 24th 191 7, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

..... Gastro enteritis .....

..... (Duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

July 25, 191 7 (Address) 1613 E. Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	July 27, 1917
20-UNDERTAKER William Cook	ADDRESS 502 E. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—200—Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7000

CERTIFICATE OF DEATH.

120

D 7000

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Presbury ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura E. Jones

(Residence in Baltimore: No. 1805 Presbury St.; 2 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	white.	Married

6-DATE OF BIRTH, Aug (Month) 3 (Day) 1860. (Year)

7-AGE, 56 yrs. 11 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 837

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Matthew.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Hubbard.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas B. Jones.

(Address) 1805 Presbury St

15- Filed JUL 25 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from aug 22 1916, to July 24 1917, that I saw her alive on July 24 1917, and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

Ac. Brights Indefinite

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Neuritis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Dr. Chas. Murray M. D.

July 25, 191.7 (Address) 1221 W. Lafayette Ave.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Michaels, Talbot Co. DATE OF BURIAL, July 26 191.7

20-UNDERTAKER Lowe Coop ADDRESS 102 E. Hoff

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr Murray 1221 W Lafayette Ave

D 7001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7001

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 233 n Bruce st ST.: 19 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Ferguson

(Residence in Baltimore: No. 233 N Bruce St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Femal	Colored	Single

6-DATE OF BIRTH, May (Month) 23 (Day), 1917 (Year)

7-AGE, ...yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or....mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.
10-NAME OF FATHER, William Ferguson
11-BIRTHPLACE OF FATHER (State or Country). Maryland
12-MAIDEN NAME OF MOTHER Louise Leppard
13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Louise Ferguson
(Address) 233 N Bruce St

15-
Filed JUL 25 1917, 191.... ROBERT R. KRAUTER
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows: Gastro Enteritis - Colitis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Intestinal Toxemia

(Duration) ....yrs. ....mos. 2 ds.

(Signed) James M. Fenton M. D. (Coroner.)

Jul 25 191.. (Address) 700 E Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, July 25, 1917

20-UNDERTAKER A. Jones ADDRESS 207 S Stricker St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7002

CERTIFICATE OF DEATH.

19 D 7002

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 W. Mulberry ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Conklin

(Residence in Baltimore: No. 604 W. Mulberry St.; ....yrs.,....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 93 yrs. 4 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None 070
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Wm. Conklin

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Margaret Beuchaire

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augustus Conklin

(Address) 604 W. Mulberry St

15- JUL 25 1917 Filed....., 191.... ROBERT R. KRAUSE Registrar.

Burial

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1917, to July 23 1917, that I saw h.. alive on July 23 1917, and that death occurred, on the date stated above, at 4 1/4 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 5 yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 5 yrs. 6 mos. 6 ds.

(Signed) John F. Shirley M. D.

July 23 1917. (Address) 2062 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, July 26, 191.7

20-UNDERTAKER Ed Byrne

ADDRESS 302 N Gay St

N.B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Christopher Ballenweger

D 7003

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7003

CERTIFICATE OF DEATH.

179

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 104 N Hanover St.) 6 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christopher Ballenweger

(Residence in Baltimore: No. 104 N Hanover St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, June (Month) 25 (Day), 1845 (Year)

7-AGE, 72 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Ballenweger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ballen

(Address) 104 N Hanover

15-

Filed JUL 25 1917, 191

ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 191.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. Buley (Coroner.) M. D.

July 25, 191.. (Address) 21 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL, July 27, 1917

20-UNDERTAKER John Herring & Co

ADDRESS 2108 Aliceanna

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

Spec.—2-24-14—M. & T.—2000 Blks.

D 7004

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7004

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Warner ST.; 22 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henriette Bock.

(Residence in Baltimore: No. 619 Warner St.; 78 yrs., 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, June (Month) 10th (Day), 1839 (Year)

7-AGE, 78 yrs. 1 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Kerstelder

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick H. Bock

(Address) 619 Warner St.

15-

Filed....., 191.....

JUL 25 1917

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 25 1917, to July 25 1917, that I saw her alive on July 24, 1917, and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 4 ds.

(Signed) J. S. Neumeister M. D.

July 25, 1917. (Address) 818 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, July 28th, 1917

20-UNDERTAKER Mrs John H. Teufel

ADDRESS 801 N. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7005

CERTIFICATE OF DEATH.

28 D 7005

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 449 E. Grindall ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Wallace

(Residence in Baltimore: No. 449 E. Grindall St.; 26 yrs., 7 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. 16th, 1890
(Month) (Day) (Year)

7-AGE, 26 yrs. 7 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Rigger 086
(b) General nature of industry, business, or establishment in which employed (or employer): Bc Dry Dock Co.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James P. Wallace

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Margaret O'Connor

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Wallace

(Address) 449 E. Grindall St.

15-

Filed JUL 25 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from [illegible] 191.7, to July 24 191.7, that I saw h[illegible] alive on July 24, 191.7, and that death occurred, on the date stated above, at 8:25 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Laryngitis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 2 yrs. mos. ds.

(Signed) [illegible] M. D.

July 25, 191.7 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Patricks Cem	July 27, 191.7
20-UNDERTAKER. E. B. Harle	ADDRESS 115 E. West St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

7006 — 120 D 7006

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE (No. 1129 Scott St.: 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. L. Heater.

(Residence in Baltimore: No. 1129 Scott. St.: 70 yrs. 7 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov. 25, (Month) (Day), 1846 (Year)

7-AGE: 70 yrs. 7 mos. 28 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter.
(b) General nature of industry, business, or establishment in which employed (or employer): 015

9-BIRTHPLACE (State or country): Balto md.

PARENTS

10-NAME OF FATHER: Geo L. Heater.

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Elizabeth Fuchs.

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Heater

(Address) 1129 Scott St.

15 JUL 25 1917 — ROBERT P. KRAUTER — (WRITE Formal) — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 23 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1917, to July 23 1917, that I saw h— alive on July 23 1917, and that death occurred, on the date stated above, at 10 16 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(Duration) yrs. 1 mos. 22 ds

Contributory (SECONDARY): Exhaustion.

(Duration) yrs. 1/ mos. ds.

(Signed) Jno Chas C Blake M. D.

July 25, 1917 (Address) 1014 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Loudon Park Cem. — DATE OF BURIAL: July 24, 1917

20 UNDERTAKER: C. Schiloma & Son — ADDRESS: 1251 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7007

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Anchor St.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. W Miles

(Residence in Baltimore: No. 1415 Anchor St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct 1, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Albert F Miles

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Bertha M Hoffman

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha M Miles

(Address) 1415 Anchor St.

15- JUL 25 1917 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24, 1917
(Month) (Day) (Year)

17) I HEREBY CERTIFY, That I attended deceased from July 22 1917, to July 24 1917, that I saw h[illegible] alive on July 24 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Intussusception

(Duration) ....yrs. ....mos. 1 ds.

(Signed) R. L. Campbell M. D.

July 25, 1917. (Address) 164 E Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, July 26, 1917

20-UNDERTAKER F. Few McCully

ADDRESS 1308 E. Fort Ave

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

7008

CERTIFICATE OF DEATH.

120 D 7008

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2904 E Baltimore ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret S. E. Nordtmeier

(Residence in Baltimore: No. 2904 E Baltimore St.; 70 yrs., ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, ... (Month) Jan 5th (Day) 1839 (Year)

7-AGE, ... 78 yrs. 6 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER, Christian Nordtmeier

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia Ehrman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Meta E Nordtmeier

(Address) 2904 E Baltimore

15- Filed JUL 25 1917 191... ROBERT L. KRAUTH Burial Permit Clerk ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) July (Day) 23, (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from July 2 1917, to July 23 1917, that I saw h[illegible] alive on July 23 1917, and that death occurred, on the date stated above, at 10:30 a. m.

The CAUSE OF DEATH* was as follows:

..... Chronic Nephritis

.....

..... (Duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) Endocarditis

..... (Duration) ... yrs. 2 mos. ... ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Trinity Cemetery	July 26, 1917

20-UNDERTAKER	ADDRESS
J. Sander & Sons	1710 E Col St

Spec.—8-24-14—M. & T.—2000 Bks.

Reyes Wallenhorst.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7009 ✓ 108 D 7009

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reyes Wallenhorst

(Residence in Baltimore: No. Ellicott City Md St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, May 28, 1913.
(Month) (Day) (Year)

7-AGE, 4 yrs. 1 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER Chas B. Wallenhorst

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Theresa A. Otten

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C B Wallenhorst

(Address) Ellicott City

15-

Filed JUL 25 1917, 191.... ROBERT R. KRAUTER
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1917, to July 25 1917, that I saw him alive on July 20 1917 and that death occurred, on the date stated above, at 6.25 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Appendicitis

..... (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Wm R Johnson M. D.

7/26, 191... (Address) Ellicott City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Ellicott City Md

Former or usual residence Ellicott City Md

19-PLACE OF BURIAL OR REMOVAL St Mary's Harvard Co. DATE OF BURIAL, July 27, 191...

20-UNDERTAKER Coston Sons ADDRESS Ellicott City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7010

CERTIFICATE OF DEATH.

104 D 7010

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2215 Oak St., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph E. Shoemaker

(Residence in Baltimore. No. 2215 Oak St.

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	white	Single

6-DATE OF BIRTH, Feb. 3, 1917.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 5 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Richard L Shoemaker.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Bertha Morgan

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Shoemaker

(Address) Rosedale Balto Co

15- JUL 25 1917 ROBERT B. KRAUTER

Filed....., 191.... Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to N.A. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enterocolitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. F. Morrison M. D.
(Coroner.)

July 25 191 7 (Address) 3632 Roland ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Cemetery Ft. | DATE OF BURIAL, 7-25-17.

20-UNDERTAKER Glenworth & Son ADDRESS 3617 Gusthud ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

D 7011

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 N. 34 st. St.; 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. George L. Pearce

(Residence in Baltimore: No. 704 N. 34 st. St.; 30 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Aug. 16th, 1842. (Month) (Day) (Year)

7-AGE, 74 yrs. 11 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James L. Pearce

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Pearce

(Address) for Benson & Carroll sts

15- Filed JUL 25 1917, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1917, to July 24 1917, that I saw h.m. alive on July 18 1917, and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

et Arteriosclerosis

(Duration) Unknown yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Dilitation

(Duration) ... yrs. ... mos. 7 ds.

(Signed) ... M. D.

7/24, 1917. (Address) 3435 Chestnut Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Royal Hampden DATE OF BURIAL, July 26 1917.

20-UNDERTAKER Burns with & Son ADDRESS 3507 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7012

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 D 7012

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 833 Leadenhall St.: 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Walch

(Residence in Baltimore: No. 833 Leadenhall St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH Feb. 28th, 1917 (Month) (Day) (Year)

7-AGE ..... yrs. 4 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Wm Walch

11-BIRTHPLACE OF FATHER (State or country): Anne Arundel Co

12-MAIDEN NAME OF MOTHER: Mary Jennings

13-BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E Jennings

(Address) 833 Leadenhall St.

15. JUL 26 1917 Filed ....., 191.. HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July 24, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 19th, 1917, to July 24th 1917, that I saw h[illegible] alive on July 23d 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis.

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jennie R Bryne M. D

July 26th, 1917. (Address) 1223 S. Catherine St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Robt Gaa Co Md — DATE OF BURIAL: July 26, 1917

20-UNDERTAKER: S. S. Brown & Son — ADDRESS: 108 W Mont'y St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

7013 D 7013

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2322 Reisterstown Road ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minna D. Hill

(Residence in Baltimore: No. 2322 Reisterstown Road St.; — yrs., 10 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 24, 1866 (Month) (Day) (Year)

7-AGE, 51 yrs. 4 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Music Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Edward Hill

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Henrietta —

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta E. Holthaus

(Address) 2322 Reisterstown Road

15- HARRY C. ANDREWS

Filed JUL 26 1917 191.....Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24th., (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 27th. 1913, to July 24th. 1917, that I saw her alive on July 24th. 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration).. 6 yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(Duration)..... yrs..... mos. 3 ds.

(Signed) C. Newell Turvale, M. D.

July 25th 1917 (Address) #1817 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loraine Cemetery — DATE OF BURIAL, July 26, 1917.

20-UNDERTAKER John O. Mitchell — ADDRESS 120 N. Eutaw

N. B.—Every item of information must be given. If entirely unknown, state so. Exact statement of OCCUPATION is very important. See that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 7014

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7014

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2920 Evergreen Terrace St.; 13 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie C. Speddon

(Residence in Baltimore: No. 2920 Evergreen Terrace St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, November 5th, 1870 (Month) (Day) (Year)

7-AGE, 46 yrs. 8 mos. 19 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Co. Md

PARENTS.

10-NAME OF FATHER, Rev. J. W. Cornelius

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Elmira D. Duncan

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Speddon

(Address) 2920 Evergreen Terrace

15-

Filed JUL 26 1917 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1916, to July 24 1917, that I saw her alive on, July 24 1917, and that death occurred, on the date stated above, at 10.4 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. 4 mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) 1 yrs. ... mos. ... ds.

(Signed) J. Howard Sybert M. D.

7/25, 191.7 (Address) 701 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cem. DATE OF BURIAL, July 26, 191.7

20-UNDERTAKER John O. Mitchell ADDRESS 1201 W. Fayette

D 7015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

D 7015

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1054 St.) Hartford Ave (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Kunigunda Frank

(Residence in Baltimore: No. 1054 Hartford Ave St.; 64 yrs., \ mos. \ ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. fem

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Married

6-DATE OF BIRTH, Nov (Month) 19 (Day) 1848 (Year)

7-AGE, 68 yrs. 8 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... A. Frank

(Address) 1054 Hartford Ave

15-

Filed JUL 26 1917 191.... HARRY C. ANDREWS Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Rubial Hemorrhage,

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed)..... (Coroner.) M. D.

July 24, 1917 (Address) 1301 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, July 27, 1917

20-UNDERTAKER Henry Hoerr Sons

ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 7016

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 N. Bond ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Heath

(Residence in Baltimore: No. 1201 N. Bond St.; 64 yrs., 1 mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow.

6-DATE OF BIRTH, Not known (Month) ..... (Day) 1 (Year)

7-AGE.	If LESS than 1 day,
64 yrs. 1 mos. 1 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Heath

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Sarah Bolton

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Truell

(Address) 1201 N. Bond St

15-

Filed JUL 26 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 6th 1917, to July 24th 1917, that I saw h[er] alive on July 24th 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

? (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Lemuel M. C. Parker M. D.

July 26 1917 (Address) 1114 Hargrave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, July 27, 1917.

20-UNDERTAKER Henry Storck Son — ADDRESS 1301 E Eager St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7017

CERTIFICATE OF DEATH.

120

D 7017

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 S Eden ST.; 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonora Mrs Genig

(Residence in Baltimore: No. 16 S Eden St.: 56 yrs., — mos. 8 ds)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 16 (Day), 1861. (Year)

7-AGE, 56 yrs. — mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer 034
(b) General nature of industry, business, or establishment in which employed (or employer): Clerk

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John Philip Gewig

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Caroline Stengel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel Gewig

(Address) 16 S. Eden

15-

Filed JUL 26 1917, 191.... HARRY C. ANDREWS Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1917, to July 24 1917, that I saw h in alive on July 23 1917, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis
Nephritis - 2

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Oedema & Lungs.

(Duration) yrs. mos. 2 ds.

(Signed) Chas F Blake M. D.

July 24, 1917. (Address) 20 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, July 27, 1917

20-UNDERTAKER Geo. W Boyd & Son

ADDRESS 2503 Edmondson Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7018

CERTIFICATE OF DEATH.

D 7018

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1741 Jefferson ST.; 6 WARD)

REGISTERED No. C 29

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Cornelius

(Residence in Baltimore: No. 1741 Jefferson St.; 5 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 17th, 1848
(Month) (Day) (Year)

7-AGE, 69 yrs. 4 mos. 8 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Griffin

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, don't know

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. Cornelius

(Address) 1741 Jefferson

15-

Filed JUL 26 1917, 191 MARY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 1917, to July 25 1917, that I saw her alive on July 25 1917, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Fatty Heart

Old Age

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 1 yrs. mos. 1 ds.

(Signed) Alb J Gagl M. D.

7/25/17 191... (Address) 709 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount — DATE OF BURIAL, July 27 1917

20-UNDERTAKER Philip Herring — ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7019 D 7019

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1570 N. Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Powell.

(Residence in Baltimore: No. 1570 N. Mount St.; ✓ yrs., 7 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Dec 21 —— ——, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Clarance Powell

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Sarah Franklin

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Franklin

(Address) 1510 N. Mount st

15-

Filed JUL 26 1917, 191.... MARY C. ANDREWS Registrar.

Burial Te...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1917, to July 25 1917, that I saw him alive on July 24 1917, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

1.
Diarrhoea from Dentition

(Duration) 1 yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) Debility

(Duration) yrs. 1 mos. 3 ds.

(Signed) George L. Shannon M. D.

July 25 1917. (Address) 700 Fulton Ave,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemy

DATE OF BURIAL, July 26 1917

20-UNDERTAKER James F. Dennis

ADDRESS 1303 Druid...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7020

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1013 Rice st. St.; 16 Ward)

2-FULL NAME Clifton Payne

(Residence in Baltimore: No. 1013 Rice st

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; ~~yrs.~~ 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April — 16 —, 1900
(Month) (Day) (Year)

7-AGE, 17 yrs. 3 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), ~~Va~~ Baltomd

PARENTS.

10-NAME OF FATHER, Jonnie Payne

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Drusilla Smith

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elnora Smith

(Address) 1013 Rice St

15- JUL 26 1917 HARRY C. ANDREWS Registrar. Filed....., 191.....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to .....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Otitis Media
Mastoid
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cerebral Abscess
(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.
(Coroner)

July 2, 1917. (Address) High Evelyn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). Died

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt Olivet Lancaster Co Va — DATE OF BURIAL, July 7 1917

20-UNDERTAKER James H. Dennis — ADDRESS 1303 Pressman

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

7021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 7021

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3648 Beach Ave. St.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Logan H. Lewis

(Residence in Baltimore: No. 3648 Beach Ave. St.; ....yrs.,....mos. 11ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Infant

6-DATE OF BIRTH, July 14, 1917 (Month) (Day) (Year)

7-AGE, ...yrs....mos. 11ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER: Charles L. Lewis

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Elsie C. Shipley

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles L. Lewis

(Address) 3648 Beach Ave.

15-

Filed JUL 26 1917 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July. 14 1917, to July. 25th 1917, that I saw him alive on July. 25th 1917, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth - child lived 11 days -

Period of gestation - 6 months

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) [illegible] M. D.

July 26, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hamden — DATE OF BURIAL, July. 26, 191...

20-UNDERTAKER Ramsburgh & Son. — ADDRESS 3617 Eastland Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7022

CERTIFICATE OF DEATH.

20✓ D 7022

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE: (No. University Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Hubbard

(Residence in Baltimore: No. 2936 Cedar Ave St.; 1 yrs., 6 mos. 27 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH, Jan 29, 1916 (Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Talmage Hubbard

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mildred Williams

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Hubbard MD

(Address) Univ. Hosp.

15-

Filed JUL 26 1917 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25 1917, to July 26 1917, that I saw her alive on July 26 1917, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Septicaemia

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cellulitis of foot

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Winslow M. D.

7/26, 1917 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 2936 Cedar Ave.

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, July 28 1917

20-UNDERTAKER Thanower & Son — ADDRESS Chestnut Ave

over

Spec.—8-24-14—M. & T.—2000 B'ks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7025 105 D 7023

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 N. Broadway ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Robinson

(Residence in Baltimore: No. 1631 N. Broadway St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, April 11th, 1840 (Month) (Day) (Year)

7-AGE, 77 yrs. 3 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Talbot Co. Maryland

PARENTS.

10-NAME OF FATHER. John Robinson

11-BIRTHPLACE OF FATHER (State or Country). Talbot Co Maryland

12-MAIDEN NAME OF MOTHER Lavinia Johnson

13-BIRTHPLACE OF MOTHER (State or Country). Dorchester Co Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter G. Macneal

(Address) 1631 N. Broadway

15. JUL 26 1917 Filed, 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1917 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to July 25 1917, that I saw her alive on July 25 1917, and that death occurred, on the date stated above, at 4.20 P.M.

The CAUSE OF DEATH* was as follows:

Acute Dilatation
Exhaustion

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 10 yrs. mos. ds.

(Signed) R. K. Davis M. D.

, 191.. (Address) 1573 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, July 27th, 1917.

20-UNDERTAKER George Schilling & Sons — ADDRESS 1126 E. Monument St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7021

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7021

CERTIFICATE OF DEATH.

157

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1910 McHenry ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Brandau

(Residence in Baltimore: No. 1910 McHenry St. ~ yrs., ~ mos. ~ ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept (Month) 12 (Day), 1877 (Year)

7-AGE, 39 yrs. 10 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: 079

(a) Trade, profession, or particular kind of work..... Iron worker

(b) General nature of industry, business, or establishment in which employed (or employer)..... Balto Dry Dock

9-BIRTHPLACE, (State or Country) Missouri

PARENTS.

10-NAME OF FATHER, Harry Brandau

11-BIRTHPLACE OF FATHER (State or Country), Missouri

12-MAIDEN NAME OF MOTHER Mary Hough

13-BIRTHPLACE OF MOTHER (State or Country), Missouri

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie Brandau

(Address) 1910 McHenry

15-

Filed JUL 26 1917, 191.... HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows: Strangulation by Hanging Suicide

(Duration) ..... yrs. ..... mos. [illegible] hrs.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenlon (Coroner.) M. D.

July 25 1917 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	July 27, 19....
20-UNDERTAKER Harry A Hitz	ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

7025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7025

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 S. Wolfe ST.; 2 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josefa Uszynska

(Residence in Baltimore: No. 618 S. Wolfe St.; ..... yrs., 3 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 13, 1915
(Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Uszynski

11-BIRTHPLACE OF FATHER (State or Country), Russ. Poland

12-MAIDEN NAME OF MOTHER, Sophia Pichey

13-BIRTHPLACE OF MOTHER (State or Country), Galicia. Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Frank Uszynski

(Address) ..... 618 S. Wolfe St.

15-

Filed JUL 26 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to July 25 1917, that I saw h.. alive on July 25 1917, and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows:

Duration Colitis

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) M. J. Rosario M. D.

July 26 191.. (Address) 2008 Edwards

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, July 26 1917

20-UNDERTAKER William Galsworth — ADDRESS 648 Forster Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7026

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7026

CERTIFICATE OF DEATH.

REGISTERED No. C 104

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 534 Orchard ST.) 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ralph Church

(Residence in Baltimore: No. 534 Orchard St.; yrs., 6 mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan. (Month) 24 (Day) 1917 (Year)

7-AGE, ... yrs. 6 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ralph Church

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Inga Knox

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Church

(Address) 534 Orchard St.

15- Filed JUL 26 1917 191. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 24 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edema Pneumonia

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Grad x Bad Cond

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. Williams M. D.

(Coroner.) July 26, 191... (Address) 519 N. Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	July 27, 1917
20-UNDERTAKER Samuel Stanley	ADDRESS 5 S. Eutaw St.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7027 ✓ D 7027

104

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1603 Paradise Ch ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Herman Butler

(Residence in Baltimore: No. 1603 Paradise Ch St.; yrs. 10 mos. [redacted] ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Unknown, 1
(Month) (Day) (Year)

7 AGE ..... yrs. 10 mos. ds. | If LESS than 1 day, ... hrs. or .... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Baltimore

PARENTS

10 NAME OF FATHER Chas H Butler

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Lucy Young

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas H Butler

(Address) 1603 Paradise Ch

15.

Filed JUL 26 1917, 191. HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 26, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 24, 1917, to July 26 1917.

that I saw h[redacted] alive on July 25 1917.

and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

..... (Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Irvin Stuart M. D.

July 26, 191. (Address) 714 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. in the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Mt Auburn | DATE OF BURIAL July 27 191 7

20 UNDERTAKER Samuel T Kemsley | ADDRESS 578 N Bond

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-24-14—M. & T.—2000 Bks.

D 7028

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7028

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2651 Greenmount Ave ST.; 9 WARD) REGISTERED NO. C 28

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Curran

(Residence in Baltimore: No. 2651 Greenmount Ave St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown (Month) (Day) 1850 (Year)

7-AGE, about 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Pullman
(b) General nature of industry, business, or establishment in which employed (or employer): R.R. Conductor

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Francis Curran

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Bridget Regan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Curran

(Address) 2651 Greenmount Ave

15- Filed JUL 26 1917, 191... HARRY C. ANDREWS Registrar.

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22 1917, to July 26 1917, that I saw him alive on July 25 1917, and that death occurred, on the date stated above, at 6.45 p.m.

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Stiv Gaddess M. D.

7/26/17 191... (Address) 321 E 25

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem. DATE OF BURIAL, July 28 191...7

20-UNDERTAKER Chas. F. Evans & Son ADDRESS 118 W. Mt. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7029 — 7029

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Elizabeths Home 4 — REGISTERED NO. C 37

CITY OF BALTIMORE: (No. [redacted] ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME [redacted] Carroll McCarty

(Residence in Baltimore: No. St. Elizabeths Hospital St.; yrs., 5 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Negro	Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, ... yrs. 5 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

302 (Informant).....

(Address).....

15-

Filed ....., 191... ROBERT R. [illegible] Registrar.

Burial Permit Given

13003

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23rd, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1917, to July 3 1917, that I saw h[illegible] alive on July 21st 1917, and that death occurred, on the date stated above, at 7:00 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Harry Golder M. D.

7-25, 1917. (Address) 1203 W Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 5 mos. 13 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	JUL 24 1917 ....., 191...
20-UNDERTAKER	ADDRESS

Commissioner of Health

Filed JUL 24 1917

Registrar

Important. See instructions on back of certificate.

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

D 7030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37

REGISTERED No. C 7030

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Reinhardt

(Residence in Baltimore: No. 1504 E. Cross St St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July 24, 1869
(Month) (Day) (Year)

7-AGE, 48 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Robert G. Tudor

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Catherine Nichols

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Swales

(Address) 1029 Lemmon St

15 JUL 26 1917 Filed ....., 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 23 1917, to July 24 1917, that I saw her alive on July 24 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

.....

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Syphilitic stricture of Rectum

? (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm R Johnson M. D.

7/24 191 7 (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. / ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, July 27 1917

20-UNDERTAKER James Dignan & Son

ADDRESS 1000 S. Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7031 ✓ 78 D 7031

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jean Masset

(Residence in Baltimore: No. 318 President St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 10 (Day), 1858 (Year)

7-AGE, 58 yrs. 10 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cement Worker
(b) General nature of industry, business, or establishment in which employed (or employer) " 7086

9-BIRTHPLACE, (State or Country), France

PARENTS.

10-NAME OF FATHER, J. Masset

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Unknown ?

13-BIRTHPLACE OF MOTHER (State or Country) Unknown ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Murray Sister

(Address) Calvert St

15- JUL 26 1917 Filed ....., 191.... ROBERT P. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1917, to July 26 1917, that I saw him alive on July 26 1917, and that death occurred, on the date stated above, at 12.10 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Short Rum

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Harold Smith M. D.

July 26, 1917 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 16 ds. In the State 12 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 318 President St

Former or usual residence 318 President St

19-PLACE OF BURIAL OR REMOVAL, Schwartz

DATE OF BURIAL, July 28, 1917.

20-UNDERTAKER Trundell Lippel & Son

ADDRESS 330 N Bond St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

M9 D 7032

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3647 Elm Ave. ST., 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irrasa Ann Harding

(Residence in Baltimore: No. 3647 Elm Ave.

S. 18 35 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, January 17, 1849.
(Month) (Day) (Year)

7-AGE, 68 yrs. 1 mos. 8 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John Dorsey.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Mary Bernard.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicholas B. Harding

(Address) 3647 Elm Ave.

15- JUL 26 1917 ROBERT P. KRAUTER
Filed....., 191.... Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to ... death on the date stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) John W. Morrison M. D.
(Coroner.)

July ... 191... (Address) 3632 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, July 27, 19.17

20-UNDERTAKER Hanover & F. Son ADDRESS 3617 Eastern Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3000 Blks.

D 7033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109 D 7033

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2636 Bernard st. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob E. Weaver

(Residence in Baltimore: No. 2636 Bernard st. St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... Aug. (Month) ..... 1 (Day) ....., 1862 (Year)

7-AGE. 54 yrs. 11 mos. 25 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Coal Yard

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Jacob Weaver

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Weaver

(Address) 2628 Bernard st.

15- JUL 26 1917 ROBERT B. KRAUTER

Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) ..... 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 191.., to July 27 191.., that I saw h.. alive on July 191.., and that death occurred, on the date stated above, at 6:20 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Bronchitis & Interstitial Pneumonia (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Collapse See Remarks (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. B. Raymond M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Hamilton | DATE OF BURIAL, July 28, 191..

20-UNDERTAKER Dunnowitz & Son. | ADDRESS 3417 Chestnut ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7331

HEALTH DEPARTMENT—CITY OF BALTIMORE

7331

186

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1367 N Gilmor ST.: 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leslie K Smith

(Residence in Baltimore: No. 1367 N. Gilmor St.; Yrs. Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	Single

6-DATE OF BIRTH, June (Month) 27 (Day), 1917 (Year)

7-AGE, (0) yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John R Smith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Sadie M. Hyser

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore (Md)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) father

(Address) 1367 N Gilmor

15-JUL 27 1917

Filed ....., 191.... MARY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation

by hanging

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Included in the Tracheae (Duration) ....yrs. ....mos. ....ds.

(Signed) J Wilkinson M. D. (Coroner.)

July 26, 1917 (Address) 814 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Greenmount St Mary's County

DATE OF BURIAL. July 27, 1917

20-UNDERTAKER Elliott & Fickler

ADDRESS 221 N Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7035

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1052 Rabaug ST.: 18 WARD) 79 REGISTERED No. C .....

2-FULL NAME Mary Mackey (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1052 Rabaug St.; 52 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH. Not Known ....., 1 ..... (Month) (Day) (Year)

7-AGE. 52 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer). family 041

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Richard Johnson

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER. Mary Mackey

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clinton Johnson

(Address) 1052 Rabaug St

15- Filed JUL 27 1917 191.... HARRY C. ANDREWS Clerk Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) James M. Hundley M. D. (Coroner.)

July 25 191 7 (Address) 700 E. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cem, DATE OF BURIAL, July 27th 1917

20-UNDERTAKER John J. Cowan ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 lbs.

D 7036

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7036

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 868 N. Lombard St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Klein (Sr)

(Residence in Baltimore: No. 868 N. Lombard St.; 29 yrs., ✓ mos. ✓ ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Wh

5-~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, March 28, 1857
(Month) (Day) (Year)

7-AGE, 60 yrs. 3 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): Knabe Piano Mfg

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, John Klein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carlina Klein

(Address) 868 N. Lombard St

15-

Filed JUL 27 1917, 191.... HARRY C. ANDREWS Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec — 1913, to July 25 1917, that I saw h— alive on July 24 1917, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Chronic

(Duration) 4 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) None

(Duration) ✓ yrs. 1 mos. ✓ ds.

(Signed) Edw Greuble M. D.

7/26, 191.. (Address) 21 7 Lee St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Paul's Cath Cemetery DATE OF BURIAL, July 27, 191..

20-UNDERTAKER Mrs. A. Rohde Son ADDRESS 430 Park

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 7037

CERTIFICATE OF DEATH.

120 D 7037

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 George ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annett Young

(Residence in Baltimore: No. 641 George St. St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1837 (Year)

7-AGE: 80 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Treadway

(Address) 142 Custer St

15-

Filed JUL 27 1917 191.. HARRY [illegible] ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: July (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22nd 1917, to July 24 1917, that I saw her alive on July 23rd 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Cons

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Intestinal

Nephritis (Duration) 2 yrs. — mos. — ds.

(Signed) Geo W Hemmeter M. D.

July 26, 1917. (Address) 800 Fairmount Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: July 27 1917

20-UNDERTAKER: John H. Treadway ADDRESS 142 Custer St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 7038

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 W Lee ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Crosby

(Residence in Baltimore: No. 513 W Lee St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1861 (Year)

7-AGE, 56 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Thos Monroe

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Crosby

(Address) 513 W Lee St

15-

Filed JUL 27 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 1917, to July 24 1917, that I saw her alive on July 23 1917, and that death occurred, on the date stated above, at — m.

The CAUSE OF DEATH* was as follows:

Carcinoma

(Duration) 4 yrs. 4 mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) 4 yrs. 4 mos. 14 ds.

(Signed) A. K. Hunter M. D.

July 27, 1917 (Address) 713 S. Stricker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn DATE OF BURIAL, July 27, 1917

20-UNDERTAKER John H. Toadvine ADDRESS 142 Lee St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7039

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7039

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2663 Frederick Ave ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J Grimes

(Residence in Baltimore: No. 2663 Frederick Ave St.; 67 yrs., 10 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Femal

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (Write the word.) Widow

6-DATE OF BIRTH, September 16, 1850
(Month) (Day) (Year)

7-AGE, 67 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None
(b) General nature of industry, business, or establishment in which employed (or employer).....None

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Hartmann Mueller

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Sophia Ogle

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary V. Umberger

(Address) 2663 Frederick Ave

15-

JUL 27 1917

Filed....., 191.....

HARRY O. ANDREWS
BUREAU OF VITAL STATISTICS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 191., to July 24 1917, that I saw h- alive on July 24 1917, and that death occurred, on the date stated above, at 7.20 p. m.

The CAUSE OF DEATH* was as follows:

Cancer of Lung

(Duration).....yrs.....mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration).....yrs. In Bed mos.....ds.

(Signed) Wm. T. Ely M. D.

July 25, 1917. (Address) Fairmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, July 27, 191..

20-UNDERTAKER J. B. Cook

ADDRESS 1002 W Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

7040

64 D 7040

REGISTERED NO. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 109 E. 22nd " St.: 12 WARD)

2-FULL NAME Rosalie Beck.

(Residence in Baltimore: No. 100 E. 22nd " St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Oct 24, 1835 (Month) (Day) (Year)

7-AGE: 81 yrs. 9 mos. 2 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer): 600

9-BIRTHPLACE (State or country): Balto Co. Md

PARENTS

10-NAME OF FATHER: —

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jos Beck

(Address) 100 E 22nd St

15- Filed JUL 27 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 26, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 30th, 1917, to Jul-26 1917, that I saw h.. alive on June 26, 1917, and that death occurred, on the date stated above, at 1.10 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
with Hemiplegia Left Side

(Duration) — yrs. — mos. 26 ds

Contributory (SECONDARY) Arterial Sclerosis —

(Duration) — yrs. — mos. — ds.

(Signed) Wm. Pillsbury M. D.

(Address) 280 W. Pratt Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: July 28, 1917

20-UNDERTAKER: E. A. Weedfield — ADDRESS: Greenmount Av.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7041

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7041

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1385 Whitecoat ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winifred Bright

(Residence in Baltimore: No. 1385 Whitecoat St.: 1 yrs., 6 mos. ✓ ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored.	Single

6-DATE OF BIRTH, May 1st ~~24~~, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 24 ds. If LESS than 1 day, ... hrs. or 6 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Stanley

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Beatrice Bright

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. E. Shannon

(Address) 700 Fulton Ave

15- Filed ..... 191 ..... Registrar.

HARRY C. ANDREWS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 1917, to July 25 1917, that I saw h-r alive on July 24 1917, and that death occurred, on the date stated above, at 7.55 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Primary (Duration) 5 yrs. 5 mos. 1 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. E. Shannon M. D.

July 26, 1917. (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	July 27, 1917

20-UNDERTAKER Edward Ringgold ADDRESS 1463 Barney

Spec.—8-24-14—M. & T.—2000 Blks.

D 7042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7042

1-PLACE OF DEATH St. Vincents Inf. Asylum, REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1401 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Isaac Davis.

(Residence in Baltimore: No. 1401 Division St.: ....yrs., 2 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Wht.	Single

6-DATE OF BIRTH. April 26, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. .....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonard M.C. Porter

(Address) 1114 Harford Ave.

15- Filed JUL 27 1917, 191.. HARRY C. ANDREWS Burial Permit Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to July 26 1917, that I saw him alive on July 25 1917, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Summer Diarrhea.

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. 3 mos. ....ds.

(Signed) Leonard M.C. Porter M. D.

....., 191... (Address) 1114 Harford Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 15 ds. In the State ....yrs. 3 mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	July 27, 191.7

20-UNDERTAKER	ADDRESS
M. Fahey & Sons	606 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7043 — D 7043 — 104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 S Bunney ST.; | WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Starkovic

(Residence in Baltimore: No. 1117 S. Bunney St St.; 1 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Jan (Month) 14., (Day) 1917. (Year)

7-AGE, ... yrs. 6 mos. 13 ds. | If LESS than 1 day, ...hrs. or....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Sterkovic

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Karola Wojcik

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Sterkovic

(Address) 1117 S Bunney St

15-

Filed JUL 27 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from on Jul 12 1917, to ..... 191..., that I saw h[illegible] alive on July 26 1917, and that death occurred, on the date stated above, at 1 pm.

The CAUSE OF DEATH* was as follows:

..... Epithelioma Gastro Enteritis

..... (Duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) ..... Toxemia

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) ..... M. D.

July 27, 191... (Address) 1116 S Kenwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	July 27., 1917.
20-UNDERTAKER	ADDRESS
Stephen J Kalkowski	1019 S Kenwood

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7044 — 138 — D 7044

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Fleet ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME May Smith

(Residence in Baltimore: No. 1805 Fleet St. Life ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 14th (Day), 1894 (Year)

7-AGE, 23 yrs. 2 mos. 11 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), Baltimore City Md.

PARENTS.

10-NAME OF FATHER, Louis Smith

11-BIRTHPLACE OF FATHER (State or Country) Baltimore City Md.

12-MAIDEN NAME OF MOTHER Magdalena Apfel

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G. Apfel

(Address) 1805 Fleet St

15- Filed JUL 27 1917 191..... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6— 1917, to July 25— 1917, that I saw h— alive on July 25 1917, and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Puerperal Mania

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Genital Exhaustion —

test — (Duration) ..... yrs. ½ mos. ..... ds.

(Signed) [illegible] M. D.

July 27, 1917. (Address) 125 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, July 29 1917

20-UNDERTAKER H. Lauder Son ADDRESS 1710 Fleet

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7045

CERTIFICATE OF DEATH.

28 D 7045

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 N Bentalou ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank M Lowery

(Residence in Baltimore: No. 103 N Bentalou St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write word.) Married

6-DATE OF BIRTH, Feb 6, 1887
(Month) (Day) (Year)

7-AGE, 30 yrs. 5 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Horse Shoer
(b) General nature of industry, business, or establishment in which employed (or employer) 636

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John J Lowery

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Margaret Coffey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jno Lowery

(Address) 103 N. Bentalou

15-
JUL 27 1917
Filed ....., 191....
MARY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 1917, to July 25 1917, that I saw h— alive on July 25 1917, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) E V Cuculanes M. D.

7/27/17, 191... (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, July 27, 191.7.

20-UNDERTAKER John J Fields

ADDRESS 1205 W Fairmount

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

211

Spec.—8-24-14—M. & T.—2000 Blks.

D 7046

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7046

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 9 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret McCubbin

(Residence in Baltimore: No. 946 Montpelier St St. ~ yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. November 1, 1916 (Month) (Day) (Year)

7-AGE. ..yrs. 8 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Frank H McCubbin

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Lillian C Long

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) Johns Hopkins Hospital

15- Filed JUL 27 1917, 191.... KALEY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July 26, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 191 7, to July 26 191 7, that I saw h s alive on July 26 191 7, and that death occurred, on the date stated above, at 10 02 pm.

The CAUSE OF DEATH* was as follows:

Status lymphaticus

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Young & Conrad M. D.

July 27, 191 7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 946 Montpelier St

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet Cem DATE OF BURIAL. July 28, 1917.

20-UNDERTAKER Wm Eck ADDRESS 502 E Fleet

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7047

D 7047

CERTIFICATE OF DEATH.

8

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2025 Booth ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Almira N Thomas.

(Residence in Baltimore: No. 2025 Booth St. St.; 1 yrs., 6 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	infant

6-DATE OF BIRTH, January (Month) 20 (Day), 1916 (Year)

7-AGE, 1 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, William Thomas.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Carrie Meile

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Carrie Thomas.

(Address)..... 2025 Booth St

15-

Filed JUL 27 1917 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7-14- 1917, to 7-26- 1917, that I saw her alive on 7-23- 1917, and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

..... (Duration)..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) organic heart decision

..... (Duration) unknown. yrs. ..... mos. ..... ds.

(Signed) Chester Roland, M. D.

7-27-, 1917 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, 7-27-, 1917

20-UNDERTAKER W. Jane & Jones — ADDRESS 833 Linden Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7048

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

D 7048

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 205 Lewis ST. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Hilda Wilmore

(Residence in Baltimore: No. 205 Lewis St. 5/12 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: April (Month) ..... (Day), 1917 (Year)

7 AGE: ..... yrs. 3 mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9 BIRTHPLACE (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Thaston Wilmore

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Amelya Butler

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amelia Wilmore

(Address) 205 Lewis St

15 Filed JUL 27 1917 191 MARY C. ANDREWS Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 26 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 23rd, 191 7. to July 26 191 7.
that I saw h alive on July 25th, 191 7.
and that death occurred, on the date stated above, at 6 4 m.
The CAUSE OF DEATH* was as follows:

Gastro enteritis

..... (Duration) ..... yrs. ..... mos. 4 ..... ds

Contributory (SECONDARY) Exhaustion

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

(Signed) J. E. Fulton M. D.

July 26, 1917. (Address) 1711 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Ashurst Cemetery | DATE OF BURIAL: July 191

UNDERTAKER: Chas. H. Simon | ADDRESS: 1467 Caroline St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7049

CERTIFICATE OF DEATH.

104 D 7049

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 East Ave. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Robt Forest

(Residence in Baltimore: No. 1106 East Ave St.; ..... yrs,, ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, May (Month) 10 (Day), 1913 (Year)

7-AGE, ... yrs. 4 mos. 15 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Bath Me

PARENTS.

10-NAME OF FATHER, John Forest

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Sarah Johnson

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H D Haddock M.D.

(Address) 117 N Carrollton Ave

15-

Filed JUL 27 1917, 191.....

MARY C. ARCHER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1917, to July 25 1917, that I saw h.. alive on July 25 1917, and that death occurred, on the date stated above, at 1.00 p.m.

The CAUSE OF DEATH* was as follows:

Acut Meseraitis

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H D Haddock M. D.

7/27, 191.7. (Address) 117 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Cem — DATE OF BURIAL, July 27 191.7.

20-UNDERTAKER Brown & Sheppard — ADDRESS 114 N. Schroeder St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7050

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7050

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 S Robinson ST.; 1 WARD)

REGISTERED No. C 1720

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Lachoff

(Residence in Baltimore: No. 431 S. Robinson St. St.: 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown, 1833.
(Month) (Day) (Year)

7-AGE, 84 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Shoemaker

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. George Mitchell

(Address) 431 S. Robinson St

15-

Filed JUL 27 1917 191

MARY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23 1917, to July 25 1917, that I saw h[illegible] alive on July 25 1917, and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 2 mos. ds.

(Signed) Geo. Heller M. D.

July 27 191 7 (Address) 1937 Forest St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mathews Cem

DATE OF BURIAL, July 27, 1917.

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 S Mo[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 705I

170 D 705I

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Ashland ave ST.; 10 WARD)

2-FULL NAME J. Harry Jenkins

(Residence in Baltimore: No. 1105 Ashland ave. St.; Life yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, Dec. ? , 1860
(Month) (Day) (Year)

7-AGE, 56 yrs. 7 mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer)..... 009

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Enoch Jenkins

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Baltimor

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. B. Jenkins

(Address) 1105 Ashland ave

15-

Filed JUL 27 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1917, to July 24 1917, that I saw him alive on July 24 1917, and that death occurred, on the date stated above, at 11 55 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ..... yrs. ..... mos. 15 ds.

(Signed) Gustav A. Weber M. D.

July 27, 1917. (Address) 1210 Guilford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, July 28, 1917

20-UNDERTAKER George J. Ruth — ADDRESS 1735 Harford Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7052

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Lancaster St.; 2 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olga Melnik

(Residence in Baltimore: No. 1609 Lancaster St.; 8 yrs., 7 mos. 7 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... May (Month) 20 (Day), 1916 (Year)

7-AGE, ... yrs. 8 mos. 7 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... "

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Kifer Melnik

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Helena Stasnik

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helena Melnik

(Address) 1609 Lancaster St.

15-

Filed ....., 191.... MARY O. ANDREWS Registrar.

JUL 27 1917

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to July 26 1917, that I saw her alive on July 26 1917, and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis 4 Days

Collapse

..... (Duration) .... yrs. .... mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) .... yrs. .... mos. 1 ds.

(Signed) Thos. D. Burke M. D.

7-27, 1917 (Address) 1621 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, 1st Bet. Ev. Lutheran | DATE OF BURIAL, July 28, 1917

20-UNDERTAKER Wm Fiaskowski | ADDRESS 1618 Eastern Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7053 — 104 — D 7053

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 Reynolds ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antony Pomorski

(Residence in Baltimore: No. 1336 Reynolds St., St.; .....yrs., 8 mos. 2 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 2 (Day) 1916 (Year)

7-AGE, ...yrs. 8 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Pomorowski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Stanislawa Burdynska

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Pomorowski

(Address) 1336 Reynold St

15- Filed..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from about June 26 1917, to July 26 1917, that I saw him alive on July 25 1917, and that death occurred, on the date stated above, at 5.30 m.

The CAUSE OF DEATH* was as follows:

Dyspepsia about

(Duration) .....yrs. 1 mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) Maurice Jones M. D.

July 26, 1917 (Address) 413 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, July 30 1917

20-UNDERTAKER, William Gaskowski

ADDRESS 16 S Eastern Ave

Spec.—5-19-13—M. & T.—500 Bks.

7051 HEALTH DEPARTMENT—CITY OF BALTIMORE 7051

CERTIFICATE OF DEATH.

104 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 George ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfonza Robinson

(Residence in Baltimore: No. 706 George St.; Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. ...ay be properly classified. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct (Month) 19 (Day), 1916 (Year).

7-AGE, 0 yrs. 9 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt. Md

PARENTS.

10-NAME OF FATHER, Raymond Robinson

11-BIRTHPLACE OF FATHER (State or Country), Balt. Md

12-MAIDEN NAME OF MOTHER Mary Williams

13-BIRTHPLACE OF MOTHER (State or Country), Balt. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Robinson

(Address) 706 Geo. St.

15-

Filed JUL 27 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to July 26 1917, that I saw h[illegible] alive on July 25 1917, and that death occurred, on the date stated above, at 5[illegible] m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) 6 yrs. 6 mos. 12 ds.

CONTRIBUTORY (Secondary) Pickels

(Duration) 6 yrs. 7 mos. 7 ds.

(Signed) Jno F. Staiger M. D.

July 26, 1917 (Address) 706 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Albion Cemetery

DATE OF BURIAL, July 27, 191 7.

20-UNDERTAKER Joseph A Fissell

ADDRESS 2314 Druid

Spec.—8-24-14—M. & T.—2000 Bks.

D 7055

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7055

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 E 23rd St ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Freeman

(Residence in Baltimore: No. 420 E 23rd St St.; ... yrs., ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown 1846
(Month) (Day) (Year)

7-AGE, 71 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe-Worker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired.

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Henry Freeman

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Elizabeth ...

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan Freeman

(Address) 420 23rd St

15-

Filed ..... (JUL 27 1917) 191.....

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25th, 1917.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 24th 1917, to July 25th 1917, that I saw h... alive on July 25th 1917, and that death occurred, on the date stated above, at 10.00 a.m.

The CAUSE OF DEATH* was as follows:

Cholera - Infantum

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Diarrhea

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

July 26th, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cemetery — DATE OF BURIAL, July 26, 1917.

20-UNDERTAKER John A. Bishop — ADDRESS 1107 N. Eden St.

Spec.—8-24-14—M. & T.—2000 Bks.

7056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 B 7056

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 W. Monument ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline A. Lawson

(Residence in Baltimore: No. 303 W. Monument St.) (74 yrs., 11 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	widow

6-DATE OF BIRTH, August (Month) 21 (Day) 1842 (Year)

7-AGE,	If LESS than 1 day,
74 yrs. 11 mos. 4 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William England

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Julia Brown

13-BIRTHPLACE OF MOTHER (State or Country) Atlantic ocean off coast Newfoundland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Kate McCarthy

(Address) 303 W. Monument St.

15-

Filed JUL 28 1917 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17 191 7, to July 25 191 7, that I saw h[er] alive on July 24 191 7, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of intestines

(Duration) yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) Toxaemia of Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) Harvey S Beck M. D.

July 27, 191 7. (Address) 26 E Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	7/27, 191 7
20-UNDERTAKER Henry W. Meas & Son	ADDRESS 1025 N. Calvert St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Ethel May Pearson

D 7057

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7057

CERTIFICATE OF DEATH.

156

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1[illegible] Hospital ST., 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME, Ethel May Pearson

(Residence in Baltimore: No. 1224 Maryland Ave St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, [illegible] 1 .....
(Month) (Day) (Year)

7-AGE, 26 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Waitress
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Clara Pearson

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. M. Parker

(Address) North Pearce

15- JUL 28 1917 ROBERT R. KRAWER

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 26 1917 ....., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by chloroform inhalelatio n wile suffering from temporary mental aberration.

..... (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) yrs. mos. ds.

(Signed) ..... M. D.
(Coroner.)

(Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1224 Maryland Ave

19-PLACE OF BURIAL, OR REMOVAL, London Park — DATE OF BURIAL, July 26 1917

20-UNDERTAKER W. J. Tschiesen — ADDRESS North Pearce

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7058

CERTIFICATE OF DEATH.

D 7058

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Foster,

(Residence in Baltimore: No. 1221 ~ High St St.; ..... yrs., 5 mos. 17 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	

6-DATE OF BIRTH, Feb. 10, 1912.
(Month) (Day) (Year)

7-AGE, ... yrs. 5 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Anthony Foster

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Marie Roach

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. Smith

(Address) Johns Hopkins Hospital

15-

Filed ....., 191.....

JUL 28 1917

ROBERT B. KRAUTER
Burial Permit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to July 27 1917, that I saw h[im] alive on July 27 1917, and that death occurred, on the date stated above, at 12.45 a.m.

The CAUSE OF DEATH* was as follows:

Gastro intestinal indigestion, acute

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac

(Duration) ..... yrs. ..... mos. 4 hours ds.

(Signed) Thomas B. Cornbrooks M. D.

July 27, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 12 S. High St

19-PLACE OF BURIAL OR REMOVAL, St. Vincent's — DATE OF BURIAL, July 29, 1917.

20-UNDERTAKER Hrudell Lippelt & Co ADDRESS 33 S. Bond

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7059

CERTIFICATE OF DEATH.

105

B 7050

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 N. Washington St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Frederick Baer

(Residence in Baltimore: No. 405 N. Washington St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, July (Month) 18 (Day) 1915 (Year)

7-AGE, 2 yrs. mos. 9 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER: Oliver Baer

11-BIRTHPLACE OF FATHER (State or Country): Balto City

12-MAIDEN NAME OF MOTHER: Elizabeth Hoy

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth A. Baer

(Address) 405 N. Washington St.

15-

JUL 28 1917

Filed....., 191.... ROBERT P. KRAUTER Registrar.

BURIAL Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day) 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 6 1917, to July 27 1917, that I saw h.... alive on July 24 1917, and that death occurred, on the date stated above, at 3 1 m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 3 ds.

(Signed) Edward J. Cook M. D.

7/27, 1917 (Address) 413 N Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Carmel Cem. DATE OF BURIAL, July 28, 1917

20-UNDERTAKER Ed M. Cook ADDRESS 502 E Nath Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Rosetta Reim

P 7060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7060

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 W Lafayette Ave Str. 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosetta Reim

(Residence in Baltimore: No. 1423 W. Lafayette Ave (If non-resident give usual residence.) (How long in Baltimore.....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, Oct. 5 (Month) (Day), 1917 (Year)

7-AGE, ...yrs. 3 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or estsblishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto. City Md.

PARENTS.

10-NAME OF FATHER, Henry Reim

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rosa Adl

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Adl

(Address) 1423 W Lafayette Ave

15- JUL 28 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19- 1917, to July 27 1917, that I saw h.. alive on July 26- 1917, and that death occurred, on the date stated above, at 11-9. m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) — yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. L. McCardell M. D.

July 27, 1917 (Address) 4962 Stanhope St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, July 28, 1917.

20-UNDERTAKER Peterson & Lore — ADDRESS 1423 W Lafayette Ave

U.S. Department of Commerce approves the following: AGE should be entered in YEARS, MONTHS and DAYS. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7061 D 7061

CERTIFICATE OF DEATH.

53

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 17 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sam Dirome

(Residence in Baltimore: No. 421 N. Paca St St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec (Month) 31 (Day) 1883 (Year)

7-AGE, 33 yrs. 6 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Day

9-BIRTHPLACE, (State or Country), Spain

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert & Lombard

15- JUL 28 1917 ROBERT R. KRAMER Registrar.

Filed ....., 191.... Assistant Registrar.

5008

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 8 1917, to July 25 1917, that I saw him alive on July 25 1917, and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

a Hodgkins Disease

b .....

c .....

(Duration) ..... yrs. Short time mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward R. Black M. D.

July 27, 1917 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 27 ds. In the State 2 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 421 N. Paca St

Former or usual residence 421 N. Paca St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	....., 191...
20-UNDERTAKER	ADDRESS

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7062

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Luzerne ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard L Richardson

(Residence in Baltimore: No. 1422 Luzerne St.; ..... yrs., ... mos. ..... ds.)

NOTE—Information is required by law to be given to the best of knowledge of person reporting. Every question on this certificate must be carefully answered. Where the word "None" is the correct answer, it should be written out in full. Ditto marks should not be used. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 8 (Day), 1837 (Year)

7-AGE, 80 yrs. ..... mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 015

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Mckean

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Mckean

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L Richardson

(Address) 1422 Luzerne St

15-

Filed JUL 28 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

Mr Richardson will leave one for you

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1917, to July 27 1917, that I saw h[illegible] alive on July 1917, and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) Cerebral Hemmorrhage

(Duration) ..... yrs. ..... mos. minutes ds.

(Signed) L A Richardson M. D.

July 27, 1917. (Address) 1120 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bel Air

DATE OF BURIAL, July 29, 1917

20-UNDERTAKER W J Stutmerville

ADDRESS Forest Park

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7063

CERTIFICATE OF DEATH.

104

D 7063

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 123 S Rochester Place ST.; (WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E Lanham

(Residence in Baltimore: No. 123 S Rochester Pl St., yrs. 4 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, Feby 28, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER James E Lanham

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Mayant Hayden

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James E Lanham

(Address) 123 S Rochester Pl

15-

Filed JUL 28 1917 191....

ROBERT R. KRAUTER
Burial Permit Issued

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1917, to July 26 1917, that I saw h.r alive on July 26 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

(a) Marasmus

.....

.....

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

.....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Wyatt Sowley M. D.

July 27 191. (Address) 223 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Dalto Cemetery

DATE OF BURIAL, July 28, 191...

20-UNDERTAKER Robt T Turner

ADDRESS 1424 N Rose

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7061

CERTIFICATE OF DEATH.

81

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Ashland Av ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Noyes

(Residence in Baltimore: No. 1419 Ashland Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Aug 10, 1837
(Month) (Day) (Year)

7-AGE, 79 yrs. 11 mos. 14 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper Hanger
(b) General nature of industry, business, or establishment in which employed (or employer): 052

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, David Noyes.

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Nat Grim

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. B. Noyes

(Address) 1419 Ashland Av

15- JUL 28 1917 ROBERT R. KRAUTER
Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24", 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21, 1917, to July 24, 1917, that I saw him alive on July 24, 1917, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Arterial sclerosis

..... (Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin B. Feaby M. D.

July 26., 1917. (Address) 1223 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
National Cem	July 28 1917
20-UNDERTAKER	ADDRESS
Geo M Arnold	811 W Lexington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7065

CERTIFICATE OF DEATH.

104

D 7065

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 S. Glover ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Wilfer Neumeister

(Residence in Baltimore: No. 501 S. Glover St.; — yrs., 1 mos. 29 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 27 (Day), 1917 (Year)

7-AGE, ...yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER Conrad Neumeister

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Anna Wilfer

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Conrad Neumeister

(Address) 501 S. Glover st.

15- JUL 28 1917 Filed ....., 191.... ROBERT. R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to July 26 1917, that I saw h[illegible] alive on July 26 1917, and that death occurred, on the date stated above, at 7 45 m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(Duration) ....yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Indigestible food

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Dr. O L [illegible] M. D.

7/27, 191.7 (Address) 270 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart — DATE OF BURIAL, July 29 1917

20-UNDERTAKER Randell Lippel & Son — ADDRESS 37 S. Ann st.

Spec.—5-19-13—M. & T.—500 Bks.

D 7066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7066

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 E 26-d St.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Davis.

(Residence in Baltimore: No. 314 E 26th St

St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sngl

6-DATE OF BIRTH, June (Month) 27 (Day), 1916 (Year)

7-AGE, 1 yrs. 1 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Samuel Davis

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Ethel Levy

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sam'l Davis

(Address) 314 E 26th St

15- JUL 28 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1917, to July 27 1917, that I saw h[illegible] alive on July 27 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) yrs. mos. 14 ds.

(Signed) Wm Pearce M. D.

July 27 1917, (Address) 5 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet DATE OF BURIAL, July 28, 1917

20-UNDERTAKER C. A. Medefield ADDRESS Fremont Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7057

CERTIFICATE OF DEATH.

104 D 7067

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 10 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred Smith

(Residence in Baltimore: No. 719 Fawcett St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, August 25, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 11 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Emanuel Smith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Josie Mach.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Rivers

(Address) Johns Hopkins Hosp.

15- ROBERT P. KRAUTER

Filed 7-28-1917, 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1917, to July 27 1917, that I saw h.. alive on July 27 1917. and that death occurred, on the date stated above, at 11 05 m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. M. Rivers M. D.

July 27 191 7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. / ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 719 Fawcett St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, July 28, 1917.

20-UNDERTAKER Felix B. Pye.

ADDRESS 922 Mulberry St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Virginia C. Brenton

D 7068

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

80 D 7068

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 731 N. Calvert St.: 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Virginia C. Brenton

(Residence in Baltimore: No. 731 N. Calvert St.: 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: February 7, 1853 (Month) (Day) (Year)

7 AGE: 64 yrs. 5 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): for self

9 BIRTHPLACE (State or country): Balto., Md

PARENTS

10 NAME OF FATHER: Wm. Coward.

11 BIRTHPLACE OF FATHER (State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Medora Sherwood

13 BIRTHPLACE OF MOTHER (State or country): Balto. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Coward

(Address) 731 N Calvert St

15.

Filed JUL 28 1917, 191 ROBERT B. KRAMER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 25th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25th, 1917, to July 25 1917, that I saw her alive on July 25 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion - 4 hours duration (Duration) yrs. mos. ds

Contributory (SECONDARY) Angina Pectoris (Duration) ? yrs. mos. ds.

(Signed) Eleanor E. Price M. D.

July 26, 1917 (Address) 1012 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn — DATE OF BURIAL: July 28, 1917

20 UNDERTAKER: Geo W Little — ADDRESS: 531 N Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7069

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7069

1-PLACE OF DEATH

REGISTERED No. C 79

CITY OF BALTIMORE (No. 3043 Walbrook Ave. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph E. Tracey

(Residence in Baltimore: No. 3043 Walbrook Ave. St.; 40 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: December 21, 1856 (Month) (Day) (Year)

7-AGE: 60 yrs. 7 mos. 6 ds. If LESS than 1 day, ---hrs. or ---min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work: Auctioneer

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Co. Md

PARENTS

10-NAME OF FATHER: Wm. Tracey

11-BIRTHPLACE OF FATHER (State or country): Balto. Co. Md

12-MAIDEN NAME OF MOTHER: Elizabeth Thompson

13-BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr V. G. Tracey

(Address) 3043 Walbrook Ave

15- JUL 28 1917 Filed ---, 191--- ROBERT R. KRAUTER Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 27 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1917 to July 27 1917, that I saw h[illegible] alive on July 27th, 1917, and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Cortico Medical Regurgitation

(Duration) --- yrs. 6 mos. --- ds

Contributory (SECONDARY) Cardiac Asthenia

(Duration) --- yrs. --- mos. 24 ds.

(Signed) Herbert E. Tebb M. D.

July 27, 1917 (Address) 5050 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death --- yrs. --- mos. --- ds. In the State --- yrs. --- mos. --- ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn

DATE OF BURIAL: July 30, 1917

20-UNDERTAKER: Geo W Little

ADDRESS: 531 N Fremont Ave

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

7070 104 7070

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1824 Belt Ave ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E Hemling

(Residence in Baltimore: No. 1824 Belt Ave St.; yrs. 5 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb 22 (Month) (Day), 1917 (Year)

7-AGE: ..... yrs. 5 mos. 5 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Alfred Hemling

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Bertha Wentsmeed

13-BIRTHPLACE OF MOTHER (State or country): Switzerland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alfred Hemling

(Address) 1824 Belt Ave

15 JUL 28 1917 Filed ..... 191 HARRY C. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 27 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1917, to, July 27 1917, that I saw h— alive on July 27 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

..... (Duration) ..... yrs ..... mos. 27 ds.

Contributory (SECONDARY) Exhaustion

..... (Duration) ..... yrs ..... mos. 1 ds.

(Signed) R. E. Campbell M. D.

July 27, 1917 [Address] 644 Hanover

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cem

DATE OF BURIAL: July 28 191 7

20-UNDERTAKER: Mrs J E Evans & Son

ADDRESS: 1428 St Charles St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

7071 150 7071

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 St Charles St.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Grace

(Residence in Baltimore: No. 1711 St Charles St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 24, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mon
(b) General nature of industry, business, or establishment in which employed (or employer): 106

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, James F Grace

11-BIRTHPLACE OF FATHER (State or Country), N. Carolina

12-MAIDEN NAME OF MOTHER Eva Walker

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James F Grace

(Address) 1711 St Charles

15-

Filed JUL 28 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to July 27 1917, that I saw him alive on July 26 1917, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Patent foramen ovale

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hawkins M. D.

7-27, 1917. (Address) 1 E Pleasant St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Belair Md

DATE OF BURIAL, July 29, 1917

20-UNDERTAKER, Mrs J E Evans & Sons

ADDRESS 1428 N Charles St

N. B.—Each question should be answered. If any cannot be answered, write "unknown." CAUSE OF DEATH must be stated. Indefinite terms, such as "Debility," "Old Age," "Infirmity," etc., alone are not sufficient. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7072 104 7072

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 N Washington ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank M. Carnes

(Residence in Baltimore: No. 422 N Washington St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, February 15, 1917.
(Month) (Day) (Year)

7-AGE, ... yrs. 5 mos. 12 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Harry Carnes

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Louisa Neuman

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Carnes

(Address) 422 N Washington

15-

Filed JUL 28 1917, 191.... HARRY C ANDREWS Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 191.., to July 27 191.., that I saw h.. alive on July 26 191.., and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Gastro enteritis

(Duration) .... yrs. .... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .... yrs. .... mos. .... ds.

(Signed) Edward Jervis M. D.

July 27, 191.. (Address) 4137 Wabash Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Schwarz Cem — DATE OF BURIAL, July 28, 1917.

20-UNDERTAKER John Hervig & C — ADDRESS 2008 Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

7073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 7073

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 S Chester ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Capt Charles Frenk

(Residence in Baltimore: No. 527 S Chester St.; 58 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widower

6-DATE OF BIRTH, April (Month) 27 (Day), 1858 (Year)

7-AGE, 81 yrs. 2 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Ret.

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Adelia Morgarth

(Address) 231 S. Chester St

15-

Filed JUL 28 1917 191... MARY O. ANDREWS Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1917, to July 26 1917, that I saw him alive on July 23d 1917, and that death occurred, on the date stated above, at 8:20 a.m.

The CAUSE OF DEATH* was as follows:

.....

.....

..... Senility Ret.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Adam a Sod M. D.

....., 191... (Address) 1139 E Edwards Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem — DATE OF BURIAL, July 31., 1917.

20-UNDERTAKER J. Herring & Co — ADDRESS 2008 Aliceanna

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7071 — 151 — D 7071

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 James St.; 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Bruffey

(Residence in Baltimore: No. 1208 James St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 26 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 22 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Bennett W Bruffey

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Annie W Bruffey

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bennett W. Bruffey

(Address) 1208 James st

15- JUL 28 1917 MARY C. ARMENS Registrar. Filed ..... 191..... Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 26 1917, to July 27 1917, that I saw him alive on July 27 1917 and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Premature Birth

7½ mo Pregnancy

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) ... yrs. ... mos. ... ds.

(Signed) Jos E. Muse M. D.

July 28 1917 (Address) 1526 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, July 28, 1917

20-UNDERTAKER John F. Fiss — ADDRESS 1200 W Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

7075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7075

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 Dolphin ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredrick W. Meredith

(Residence in Baltimore: No. 242 Dolphin St.; —yrs.,— mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 26th, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 14 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Meredith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mabel Wash

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mabel Meredith

(Address) 242 Dolphin St

15- Filed JUL 28 1917 191.. HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 1917, to July 26 1917, that I saw him alive on July 26th 1917, and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Neglect

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. Fenwick Miller M. D.

July 27, 1917 (Address) 924 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, July 28, 1917

20-UNDERTAKER Edward Brown ADDRESS 1318 Bolton St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

7076

CERTIFICATE OF DEATH.

169 7076

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Elevator C Locust Point. ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert S.Meekins.

(Residence in Baltimore: No.) 1644 Ashland Ave. St.; ~~yrs.~~ ~~mos.~~ 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, September 2nd. 1898. (Month) 1 (Day) (Year)

7-AGE,	If LESS than 1 day,
18 yrs. 10 mos. 24 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Soldier, Company I
(b) General nature of industry, business, or establishment in which employed (or employer): 4th. Maryland Infantry.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William H.Meekins.

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Julia M.Spangler.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H.Meekins.(father)

(Address) 1644 Ashland Ave.

15-

Filed JUL 28 1917 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26th. 1917. (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Rennhardt (Con.) M. D.

July, 27, 1917 (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cemetery

DATE OF BURIAL, July 29, 1917

20-UNDERTAKER Jas. B. Cook

ADDRESS 1003 E Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

7077

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 7077

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 3 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Sezi

(Residence in Baltimore: No. 244 Albemarle St. St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 1 (Day) 1917 (Year)

7-AGE, ...yrs. 2 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Antonio Sezi.

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Mary Fedi

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. Ruth

(Address) Johns Hopkins Hosp.

15-

Filed JUL 28 1917, 191.... MARK O. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1917, to July 27 1917, that I saw h— alive on July 27 1917, and that death occurred, on the date stated above, at 5 45 p. m.

The CAUSE OF DEATH* was as follows:

Gastro intestinal indigestion

acute

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Hans B. Conrad M. D.

July 28, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 244 Albemarle St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Hill DATE OF BURIAL, ..., 191....

20-UNDERTAKER Lilly & Zeller ADDRESS 403 So. Mo...

Spec.—8-24-14—M. & T.—2000 Bks.

D 7078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7078

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 N. Castle St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Arthur Wirth

(Residence in Baltimore: No. 902 N. Castle St.; 1 yrs. 4 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 24 (Day), 1916 (Year)

7-AGE, 1 yrs. 4 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Alex Wirth

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Julia Rubeck

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Alex Wirth

(Address)..... 902 N. Castle St

15-

Filed JUL 28 1917, 191.....

HARRY C. ANDREWS
DEPUTY REGISTRAR

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 8 1917, to July 26 1917
that I saw h.. alive on July 26 1917
and that death occurred, on the date stated above, at 7.20 a. m.

The CAUSE OF DEATH* was as follows:

To Pa Pulmonary

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cubs Colletis 7

(Duration) yrs. mos. ds.

(Signed) W. J. Brandt M. D.

July 27, 191... (Address) 2008 Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. A.A. DATE OF BURIAL, July 28, 191.7.

20-UNDERTAKER M. L. Flynn ADDRESS 1422 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7079

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7079

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 W Pratt ST.; 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto Julkoski

(Residence in Baltimore: No. 2032 W Pratt St.; Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 9, 1882 (Month) (Day) (Year)

7-AGE, 44 yrs. 8 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. August Julkoski

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Minnie Kuske

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Otto Julkoski

(Address) 2032 W Pratt

15-

Filed JUL 28 1917, 191.... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1917, to July 26 1917, that I saw h[im] alive on July 26 1917, and that death occurred, on the date stated above, at 2.05 p. m.

The CAUSE OF DEATH* was as follows:

1. Tuberculosis of Intestines

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Walter A Cole M. D.

7-27, 1917 (Address) Garrison Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Western Cemetery

DATE OF BURIAL, July 28, 1917

20-UNDERTAKER F. B. Wippert,

ADDRESS 2038 Eutaw Pl

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

7080 64 7080

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3414 Garrison ave. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Rosena Bender

(Residence in Baltimore: No. 3414 Garrison ave St.; 55 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 16 (Month) (Day), 1827 (Year)

7-AGE 89 yrs. 7 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Thos Walker

(Address) 3414 Garrison Ave

15-

Filed JUL 28 1917, 191.... MARY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1917, to July 27 1917, that I saw her alive on July 26 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Hemiplegia)

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ....yrs. ....mos. ....ds.

(Signed) John J. Kemp M. D.

July 28, 191.7 (Address) 1425 Fontaine Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ballo. Cem. DATE OF BURIAL, 30 July 191.7.

20-UNDERTAKER Geo. J. Smith ADDRESS 1009 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7081

CERTIFICATE OF DEATH.

104 D 7081

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610. Shakspeare ST.; V WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bielik

(Residence in Baltimore: No. 1610 Shakspeare St.; — yrs., 9 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 27 (Day) 1917 (Year)

7-AGE, ...yrs. 9 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Baltemore

PARENTS.

10-NAME OF FATHER. Julian Bielak.

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Madyslawa Kzlowska

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Madyslawa Bielak

(Address) 1610 Shakspeare st

15- JUL 28 1917

Filed....., 191... MARY C. ANDREWS

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to July 28 1917, that I saw h— alive on July 27 1917, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

(Duration) ....yrs. ....mos. 17 ds.

CONTRIBUTORY. (Secondary) Cardiac Exhaustion

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Warren D. Rymour M. D.

July 28, 1917. (Address) Deer Park Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, July 29 1917

20-UNDERTAKER, William Fiallsowski ADDRESS, 1618 Eastern Ave.

N.B.—Every question must be answered, or satisfactory explanation given why it is not. AGE should be stated in YEARS, MONTHS and DAYS. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7082 — 28 — D 7082

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 Ramsay ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Bernard Zintgraf

(Residence in Baltimore: No. 1912 Ramsay St.; 44 yrs., mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: July (Month) 12 (Day), 1873 (Year)

7-AGE: 44 yrs. mos. 14 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electric Crane
(b) General nature of industry, business, or establishment in which employed (or employer): Operator 08

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Louis Zintgraf

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mary Kuhl

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Zintgraf

(Address) 1912 Ramsay St

15-

Filed JUL 28 1917 191. HARRY C. ARMS Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 1917, to July 25 1917, that I saw h[illegible] alive on July 25 1917, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 5 Years yrs. mos. ds.

(Signed) Dr. Theo. Kolodny M. D.

July 26, 191... (Address) 345 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery DATE OF BURIAL, JUL 30 1917

20-UNDERTAKER: Geo. A. Gerbig ADDRESS Balto & Hayes St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

7083

CERTIFICATE OF DEATH.

7083

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST.; (WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Chambers

(Residence in Baltimore: No. 1141 Brewer st. St., yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 21 (Day), 1888 (Year)

7-AGE, 29 yrs. 2 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Store

640 080

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jno W Chambers

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Jenkins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno W. Chambers

(Address) 1141 Brewer st

15- JUL 28 1917 MARIE C. ANDREWS BURIAL PERMIT CLERK

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 29 1917, to July 25 1917, that I saw him alive on July 25 1917, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculat. Pleurisy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(Duration) yrs. mos. ds.

(Signed) Jno. J. [illegible] M. D.

July 28, 191.7 (Address) Md General Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 26 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1141 Brewer st

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, July 28-17, 191.7.

St Lukes Cemetery Catonsville

20-UNDERTAKER Geo H Holland ADDRESS 163 Druid Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7084

CERTIFICATE OF DEATH.

81 D 7084

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1827 W. Washington ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lurz

(Residence in Baltimore: No. 1827 W. Washington St.; 65 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb. 14" (Month) (Day), 1835 (Year)

7-AGE, 82 yrs. 5 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lurz

(Address) 1827 W. Washington St.

15-

Filed JUL 28 1917 191.....

HARRY C. ANDREWS
Burial Permit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27" (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25 1917, to July 27 1917, that I saw her alive on July 26 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Old age Senility

(Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 4 yrs. mos. ds.

(Signed) B P Herzog Jr. M. D.

July 28, 1917 (Address) 1305 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, July 30, 1917

20-UNDERTAKER Chas. P. Evans & Son ADDRESS 118 W. Mt. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7085 ✓ D 7085

CERTIFICATE OF DEATH.

104

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Jackson

(Residence in Baltimore: No. 930 East St. St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 3, 1917.
(Month) (Day) (Year)

7-AGE, 4 yrs. 1 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Lewis Jackson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Madeline

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Richard Wright

(Address)..... 930 East St.

15- JUL 28 1917 HARRY C. ANDREWS

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1917, to July 27 1917, that I saw h[illegible] alive on July 27 1917, and that death occurred, on the date stated above, at 4:— d m.

The CAUSE OF DEATH* was as follows:

Intestinal Decomposition

Coma (Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 4 ds.

(Signed) Edward Smith M. D.

July 27, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 930 East St.

Former or usual residence 930 East St.

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, ..., 191...

20-UNDERTAKER

ADDRESS

Commissioner Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5013

Spec.—8-24-14—M. & T.—2000 Bks.

7086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 7086

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 William St. 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Miller

(Residence in Baltimore: No. 1712 William St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Nov. (Month) 11 (Day), 1851 (Year)

7-AGE 65 yrs. 8 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Miller Jr.

(Address) 1712 William St.

15- Filed JUL 28 1917, 191 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1917, to July 26 1917, that I saw h... alive on July 26 1917, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Indefinite

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) R. L. Leppoc M. D.

July 27, 1917 (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, July 27 1917

20-UNDERTAKER M. J. Flynn ADDRESS 1422 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7087

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7087

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 822 Woodyear ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustus Shields

(Residence in Baltimore: No. 822 Woodyear St.; yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, ... January (Month) 3 (Day) 1866 (Year)

7-AGE. (5-1) 57 yrs. 6 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ry Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): 87

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, August Shields

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daughter

(Address) 822 Woodyear

15- Filed JUL 28 1917, 191.. HARRY C. ANDREWS Registrar. Burial ... (Grant)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 191.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis Disease

Contributory

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cold & Exposure

(Duration) yrs. mos. ds.

(Signed) Ormel Owens M. D. (Coroner)

July 27, 191.7 (Address) 824 Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Pro Auburn	July 30, 1917.
20-UNDERTAKER	ADDRESS
Edward Longgold	1432 Bway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

7088

HEALTH DEPARTMENT—CITY OF BALTIMORE

7088

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2143 W Saratoga ST.; 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard McDonald

(Residence in Baltimore: No. 2143 W Saratoga St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, July 28th, (Month) (Day) 1917 (Year)

7-AGE, ...yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank McDonald

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Florence Carey.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank McDonald

(Address) 2143 W Saratoga st

15-

Filed JUL 28 1917, 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to July 28 1917, that I saw h.m alive on July 28 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:-

Premature birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) 6 Months pregnancy

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. W. Hemmeter, M. D.

July 28, 1917. (Address) 2 W Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery

DATE OF BURIAL, July 30, 191....

20-UNDERTAKER George J. Routh

ADDRESS 1735 Harford Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 7089

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 West Hoffman St.; 11 WARD)

2-FULL NAME Namon Hyman

(Residence in Baltimore: No. 126 W Hoffman St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	married

6-DATE OF BIRTH, August (Month) 1st (Day) 1885 (Year)

7-AGE, 31 yrs. 11 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Marketman
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country) Scotland Neck N.C.

PARENTS.

10-NAME OF FATHER, John Hyman

11-BIRTHPLACE OF FATHER (State or Country), Scotland Neck N.C.

12-MAIDEN NAME OF MOTHER Hester Hyman

13-BIRTHPLACE OF MOTHER (State or Country), Scotland Neck N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Jones

(Address) 1209 Maryland Ave

15- Filed JUL 28 1917, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15th 1917, to July 25 1917, that I saw h... alive on July 25 1917, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Dilatation & Congestion of Heart (Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) unknown (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

July 27, 191.. (Address) 1369 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, July 29, 191..

20-UNDERTAKER, Samuel T. Dunkley ADDRESS 578 W Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

REGISTERED No. C 104

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Kirkwood

(Residence in Baltimore: No. 3114 O'Donnell St St. Wds., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	single

6-DATE OF BIRTH, November 23, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 4 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Kirkwood

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [signature]

(Address) Johns Hopkins Hospital

15- Filed JUL 28 1917, 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 191 , to July 27 191 , that I saw h[im] alive on July 27 191 , and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal indigestion
acute

(Duration) 0 yrs. 0 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm B. Conrad M. D.

July 27, 191 7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3114 O'Donnell St

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel | DATE OF BURIAL, July 29 1917

20-UNDERTAKER H. Saunders & Sons | ADDRESS 1710 E. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 730 W. Saratoga ST.: 4 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Harris.
(Residence in Baltimore: No. 730 W Saratoga.

St., yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female
4-COLOR OR RACE, Col.
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 45 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country), Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Emma Conrath
(Address) 1232 Edward St

15-
Filed JUL 29 1917, 191
HARRY C. ANDREWS
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage (Apoplexy)
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed) A. L. Driscoll M. D.
(Coroner)
July 28, 191 (Address) 512 N Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery
DATE OF BURIAL, July 29, 1917
20-UNDERTAKER Chas. B. Jones
ADDRESS 235 Pine St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7092 ✓ 7092 40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Sarah ann st ST.; 18 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Neale

(Residence in Baltimore: No. 1131 Sarah ann st St.; — yrs., — mos. — da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, Unknown
(Month) (Day) (Year)

7-AGE, 53 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework 93
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country) Centreville Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethelmore Neale

(Address) 1131 Sarah ann st

15-

Filed JUL 29 1917, 191.....

Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1916, to July 27 1917, that I saw h.. alive on July 26 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows: Pneumonia Stomach & Lung

..... (Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Ed Davis M. D.

July 28 1917 (Address) 92 W Camden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, July 29 1917

20-UNDERTAKER Charles B. Jones — ADDRESS 933 Pine st

7093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED No. C 7093

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 418 N Pine ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James T. Ames

(Residence in Baltimore: No. 418 N Pine St.; yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) May (Day) 1 (Year) .....

7-AGE, 61 yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Hostler
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Ames

(Address) 418 N Pine

15- JUL 29 1917 HARRY C. ANDREWS

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 26 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) A. L. Dinsdale M. D.
(Coroner.)

July 26, 1917. (Address) 512 N Carrollton av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Pulaski Cem	July 29 1917
20-UNDERTAKER	ADDRESS
Charles B. Jones	230 Pine St

17
32
85

7094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

7094

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 532 St. Marys Ct. St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Briggs.

(Residence in Baltimore: No. 532 St. Marys Ct., St.: yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col'd	Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) ....., 1885 (Year)

7-AGE,	If LESS than 1 day,
32 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House 37
(b) General nature of industry, business, or establishment in which employed (or employer)..... Keeper

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Hayden

(Address) 532 S. St. Marys Ct.

15- HARRY C. AHRENS

Filed JUL 29 1917 191 Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 29 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Cold & Exposure

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

July 29, 191 7 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 1 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	July 29 1917
20-UNDERTAKER	ADDRESS
Charles B. Jones	2350 N. Pine

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

7095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 45

7095

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard A. Kelly Hosp. St.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Carmichill Jones

(Residence in Baltimore: No. 1418 Eutaw Place. St.; — yrs., — mos. 23 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 26 (Day), 1869 (Year)

7-AGE, 48 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Major in Otl
(b) General nature of industry, business, or establishment in which employed (or employer): English army.

9-BIRTHPLACE, (State or Country), St John Canada

PARENTS.

10-NAME OF FATHER, Simeon Jones

11-BIRTHPLACE OF FATHER (State or Country), Canada

12-MAIDEN NAME OF MOTHER Annie McLaughlin

13-BIRTHPLACE OF MOTHER (State or Country), Canada

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frederick C. Jones

(Address) 180 Germain St St John Can.

15-

JUL 29 1917

Filed....., 191.....

MARY C. ARMIGER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1917, to July 28 1917, that I saw him alive on " 28 1917, and that death occurred, on the date stated above, at 4 0 m.

The CAUSE OF DEATH* was as follows:

Endothelioma neck

(Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) R. G. Fuller M. D.

7-28-17 191... (Address) 1418 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 23 ds. In the State....yrs....mos. 23 ds.

Where was disease contracted, if not at place of death? England.

Former or usual residence St John - New Brunswick.

19-PLACE OF BURIAL OR REMOVAL, St John New Brunswick Canada — DATE OF BURIAL, July 29, 1917

20-UNDERTAKER Chas. G. Black — ADDRESS 1201 Mulberry St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7096 — 120 — D 7096

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 S. Bond ST.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis M. Hufnagel

(Residence in Baltimore: No. 819 S. Bond St.; 69 yrs., 5 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb 7 (Month) (Day), 1848 (Year)

7-AGE, 69 yrs. 5 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brick Layer
(b) General nature of industry, business, or establishment in which employed (or employer): Oil

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Balthasar Hufnagel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Ruprecht

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonard Hufnagel

(Address) 819 S. Bond St

15-

Filed....., 191.....

HARRY O. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1917, to July 26 1917, that I saw h[im] alive on July 26 1917 and that death occurred, on the date stated above, at 2 [illegible] m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation chronic
Hypertrophy heart

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage & thrombosis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

July 27 191 7 (Address) 1621 E North

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, July 29, 1917

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 29 1917 Burial Permit Clerk

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

7097 113 7097

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2132 Mc Elderry St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sabastian J Dorbert

(Residence in Baltimore: No. 2132 Mc Elderry St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 8 (Day), 1869 (Year)

7-AGE, 48 yrs. — mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer Dm 040
(b) General nature of industry, business, or establishment in which employed (or employer): Brick Yard

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Dorbert

11-BIRTHPLACE OF FATHER, (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Kunigunda Heim

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Dorbert Tate

(Address) 2132 Mc Elderry St.

15-

Filed JUL 29 1917, 191.... HARRY O. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 191 7, to July 28 191 7, that I saw him alive on July 28 191 7, and that death occurred, on the date stated above, at 10:00 m.

The CAUSE OF DEATH* was as follows:

Carcinosis of Liver

.....

.....

..... (Duration) One yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hematemesis

..... (Duration) Immediate yrs. — mos. ..... ds.

(Signed) G G Runge M. D.

July 29 191 7 (Address) 2000 E. Balt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Aug. 1., 191.7.

20-UNDERTAKER Sebastian Miller — ADDRESS 233 N Jefferson St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

7098

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 7098

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 47 N. Glover ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Walker

(Residence in Baltimore: No. 47 N. Glover St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, July 28, 1917 (Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 4 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, A. F. Walker

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Viola Bartell

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. F. Walker

(Address) 47 N. Glover st

15- MARRY UP AS NEWS

Filed JUL 29 1917, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25, 1917, to July 28, 1917, that I saw h[illegible] alive on July 28, 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

5 1/2 mos in utero

.....(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) not known

.....(Duration)....yrs....mos....ds.

(Signed) C. L. Mey[illegible] M. D.

July 28, 1917 (Address) 26 N. E. Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery — DATE OF BURIAL, July 29, 1917

20-UNDERTAKER Christian Miller — ADDRESS 2354 Eastern

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7099

HEALTH DEPARTMENT—CITY OF BALTIMORE

158 7099

CERTIFICATE OF DEATH.

1-PLACE OF DEATH American Ice Co.Wharf.
CITY OF BALTIMORE (No. Foot of Hughes St. ST.: 21 WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter C.Foigley.
(Residence in Baltimore: No. 1110 W.Cross St.
St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.
4-COLOR OR RACE: White.
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married.
6-DATE OF BIRTH: April 27th.1876. (Month) (Day) 1 (Year)
7-AGE: 41 yrs. 3 mos. -- ds.
If LESS than 1 day, ...hrs. or.....min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver of 023
(b) General nature of industry, business, or establishment in which employed (or employer): Ice wagon.
9-BIRTHPLACE, (State or Country): Hagerstown.Md.

PARENTS.
10-NAME OF FATHER: William D.Foigley.
11-BIRTHPLACE OF FATHER, (State or Country): Hagerstown Md.
12-MAIDEN NAME OF MOTHER: Lizette Leckhart.
13-BIRTHPLACE OF MOTHER, (State or Country): Scotland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Sarah L.Foigley.(wife)
(Address) 1110 W.Cross St.

15- HARRY C. ANDREWS
Filed JUL 29 1917, 191... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27th.1917. (Month) (Day) 191... (Year)
17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Suicide by Drowning.
(Demented)
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed) Otto M. Rembhardt M. D.
July,28.1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery
DATE OF BURIAL, July 30. 1917
20-UNDERTAKER Jos Joerdens Son
ADDRESS 2178 E. Pacca

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7100 — 38 — D 7100

1-PLACE OF DEATH. CITY OF BALTIMORE: (No. Franklin square hospital ST.; 19 WARD) REGISTERED No. C

2-FULL NAME Mrs. Martha Peckman

(Residence in Baltimore: No. In Hospital St.; yrs. mos. 19 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 13, (Month) (Day) 1877 (Year)

7-AGE. 40 yrs. 1 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James P. Peckman

(Address) 9 [illegible] ward ave

15-

Filed ....., 191... Registrar.

JUL 29 1917 Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9 1917, to 7-28 1917, that I saw h er alive on 7-28 1917, and that death occurred, on the date stated above, at 9 45 p. m.

The CAUSE OF DEATH* was as follows: Septicemia following Laparotomy for Pelvic peritonitis - Tuberculous Tube (Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Peritonitis (Duration) yrs. mos. 3 ds.

(Signed) W. H. Johnston M. D.

7-29 1917 (Address) Franklin Sq Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 9 Hayward Ave Arlington Md

19-PLACE OF BURIAL OR REMOVAL, Southern Cem Harford DATE OF BURIAL, July 31, 1917

20-UNDERTAKER Wm. Cook ADDRESS 502 E Monument ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

7201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

7201

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 Deason St. 24 ST.; WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura A. Sauers

(Residence in Baltimore: No. 1300 Deason St St.; .....yrs., 8 mos. 4 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. 17, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None. 000
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Frederick Sauers

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Hemlein

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sauers

(Address) 1300 Deason St.

15- JUL 29 1917

Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from about July 7 1917, to July 28 1917; that I saw her alive on July 27 1917 and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Dyspepsia

(Duration) yrs. 8 mos. 4 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) Maurice Jones M. D.

July 28 1917 (Address) 620 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
5th Gen. Ref. Ch. cem.	7.29., 1917
20-UNDERTAKER	ADDRESS
S. Frew McCauley	120 E. Fort Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7202

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 7202

REGISTERED NO. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1630 E. Eager ST. 7 WARD)

2-FULL NAME Henry Sperche

(Residence in Baltimore: No. 1630 E. Eager St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Aug 7, 1839 (Month) (Day) (Year)

7-AGE: 77 yrs. 11 mos. 21 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katherine Sperche

(Address) 1630 E. Eager

15.

Filed JUL 29 1917, 191 HARRY O. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 28, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 27 1917, to July 28th 1917, that I saw h[er] alive on July 28th 1917, and that death occurred, on the date stated above, at 1:15 p.m.

The CAUSE OF DEATH* was as follows: 1. Coma

Central Apoplexy (Duration) ..... yrs. ..... mos. 35 Minutes

Contributory (SECONDARY) Uraemia (Duration) ..... yrs. ..... mos. Several Days

(Signed) Jos. Sailer M. D.

July 28th 191 (Address) 501 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 30 1917

20-UNDERTAKER: Henry Lutz — ADDRESS: 1007 N. Bond

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7103 — 104 — 7103

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Jarvis st ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris M Fields

(Residence in Baltimore: No. 916 Columbia ave St.; yrs., 6 mos., 12 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 16 (Day), 1911 (Year)

7-AGE, — yrs. 6 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Elmer M Fields

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Marie Simms

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer M. Fields

(Address) 916 Columbia Ave

15-

Filed....., 191.... MARY C. ANDREWS Registrar. Chief Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1917, to July 28 1917, that I saw her alive on July 28 1917, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobular

(Duration) 5 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) yrs. mos. ds.

(Signed) Joseph E Muse M. D.

July 28, 1917 (Address) 1520 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, July 30, 1917

20-UNDERTAKER J P Block — ADDRESS 1003 W Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

20 7101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hospital St.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Schaefer.

(Residence in Baltimore: No. 883 W. Franklin St.; 45 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	White.	Married

6-DATE OF BIRTH, June 24, 1872.
(Month) (Day) (Year)

7-AGE, 45 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Wife 37

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER. Geo. M. Ehrman.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Ann Eichler

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emil K. Schaefer

(Address) 883 W. Franklin St.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1917, to July 28 1917, that I saw her alive on July 28 1917, and that death occurred, on the date stated above, at 9:45 8 m.

The CAUSE OF DEATH* was as follows:

General Sepsis

Secondary To Carcinoma

Infection

(Duration) ..... yrs. ..... mos. 2 wks.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. B. Brumbaugh M. D.

July 28, 1917. (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 45 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 883 W. Franklin St.

Former or usual residence 883 W. Franklin St.

19-PLACE OF BURIAL OR REMOVAL, Green Mount — DATE OF BURIAL, July 30, 1917.

20-UNDERTAKER J. B. Cook — ADDRESS 1003 N. Balto St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80

D 7105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 N. Mount ST. 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fanny E. Ohle

(Residence in Baltimore: No. 105 N. Mount St.; 30 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan 28, 1868. (Month) (Day) (Year)

7-AGE, 49 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Grafton, W. Va.

PARENTS.

10-NAME OF FATHER, Wm. D. Martin

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Margaret A. Foley

13-BIRTHPLACE OF MOTHER (State or Country), Mt. Holly, N.J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis A. Ohle

(Address) 105 N. Mount St.

15-

Filed JUL 29 1917, 191.. HARRY C. ARCHER Registrar. Burial Permits Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1917, to July 28 1917, that I saw her alive on July 28 1917, and that death occurred, on the date stated above, at 7-30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. 0 mos. 6 ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(Duration) yrs. mos. 5 ds.

(Signed) Henry C. Ohle M. D.

July 28, 1917. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, July 31, 191..

20-UNDERTAKER Jos. Bulock — ADDRESS 1033 Balto

Spec.--8-24-14—M. & T.—2000 Blks.

7106

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

7106

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 S. Glover ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angeline Holly

(Residence in Baltimore: No. 719 S. Glover St. St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 10 (Day), 1916 (Year)

7-AGE, 1 yrs. 6 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Alexander Holly

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Anna Wojciechowska

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Holly

(Address) 719 S. Glover St.

15-

JUL 29 1917

Filed....., 191... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to July 29 1917, that I saw her alive on July 29 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Weaver M. D.

July 29, 1917. (Address) 16 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem

DATE OF BURIAL, July 30, 1917.

20-UNDERTAKER Stephen Szalkowski

ADDRESS 819 Aisquith

Spec.—8-24-14—M. & T.—2000 Bks.

D 71.07

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 71.07

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 157 Tunnel Ave ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Washington

(Residence in Baltimore: No. 157 Tunnel Ave St.; ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) 1854 (Year)

7-AGE 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Odd
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Odd

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Randall

(Address) 579 N. Bond

15-

Filed JUL 29 1917, 191.. Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 22, 1917, to July 26, 1917, that I saw h[illegible] alive on July 26, 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis, Uraemia

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

Duration ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

(Address) 4 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, July 27, 1917

20-UNDERTAKER Chas G Bailey ADDRESS Jefferson st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7108 — 104 — 7108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 S. Chapl St.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Rusinek

(Residence in Baltimore: No. 614 S. Chapl St.; ..... yrs., 8 mos. 16 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Nov (Month) 12 (Day), 1916 (Year)

7-AGE: ..... yrs. 8 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None 000
(b) General nature of industry, business, or establishment in which employed (or employer): " "

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Simon Rusinek

11-BIRTHPLACE OF FATHER (State or Country): Austria

12-MAIDEN NAME OF MOTHER: Felicia Buczell

13-BIRTHPLACE OF MOTHER (State or Country): Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Simon Rusinek

(Address) 614 S. Chapl

15- .....

Filed ..... 191.....

HARRY C. ANDREWS
JUL 29 1917
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1917 (Year).

17-I HEREBY CERTIFY, That I attended deceased from July 4 1917, to July 28 1917, that I saw h— alive on July 4 1917, and that death occurred, on the date stated above, at 8.35 P m.

The CAUSE OF DEATH* was as follows:

..... Intus Intest .....

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Mitchell M. D.

July 28, 191 7 (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. in the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, July 30, 1917

20-UNDERTAKER William Fialkow

ADDRESS 1 N Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

7109 104 7109

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 S. Bond ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Czeslaw Maliszewski

(Residence in Baltimore: No. 626 S. Bond St. St.; 1 yrs., 4 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 1 (Day), 1915 (Year)

7-AGE, 1 yrs. 4 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Julian Maliszewski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Marya Osiecka

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julian Maliszewski

(Address) 626 S. Bond St.

15-

Filed JUL 29 1917, 191... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1917, to July 28 1917, that I saw h— alive on July 28 1917, and that death occurred, on the date stated above, at 6 A.M. m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) J. J. Clancy M. D.

July 28, 1917 (Address) 165 Busby

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, July 29, 1917

20-UNDERTAKER William Fallkowski — ADDRESS 618 Eastern Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7110

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7110

91

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1425 Myrtle Ave ST.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Oscar W Wilson

(Residence in Baltimore: No. 1425 Myrtle Ave St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July (Month) ..... (Day), 1878 (Year)

7 AGE: 39 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Teamster
(b) General nature of industry, business, or establishment in which employed (or employer): 023

512

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: John Wilson

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Anne Roles

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mamie Mackey

(Address) 1425 Myrtle Ave

15 Filed JUL 29 1917, 191 ..... REGISTRAR

MARY O'CONNOR
DEPUTY REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 27 (Day), 191 7 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 10, 191 7, to July 27 191 7, that I saw h— alive on June 27, 191 7, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

Primary (Duration) ..... yrs. ..... mos. 17 ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos H Macnee M. D.

7/28, 191 7 (Address) 1417 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: July 30th 1917

20 UNDERTAKER: Clarence L Duffy — ADDRESS: 367 Mary

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7.11 — 79 — 7.11

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. Womans Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Grace J. Clow

(Residence in Baltimore: No. 1944 W. Lafayette Ave. St.; Life mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Jan (Month) 11 (Day) 1897 (Year)

7-AGE. 20 yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer). Womans Industrial

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Vinton Clow

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Grace Davis

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace C Clow

(Address) 1944 W. Lafayette ave

15-

Filed JUL 29 1917 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1917, to July 27 1917, that I saw h[illegible] alive on July 27 1917, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Operation shock

(Duration) ....yrs. ....mos. ....ds.

(Signed) Hattie M. Clark M. D.

July 27, 1917. (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? [illegible]

Former or usual residence 1944 W. Lafayette Ave

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, July 29, 1917.

20-UNDERTAKER Chas. E. Isaacs ADDRESS 802 Madison Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 712

CERTIFICATE OF DEATH.

120

D 712

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 N. Ed ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert K. Webster

(Residence in Baltimore: No. 731 N. Eden St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, May 25, 1838 (Month) (Day) (Year)

7-AGE, 79 yrs. 2 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Coach Painter

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Geo Webster

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Margaret Kennedy

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace S. Smith

(Address) 731 N. Eden St

15-

JUL 29 1917

MARY C. ANDREWS
Bureau of Vital Statistics Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917 (Month) (Day) (Year), 191...

I HEREBY CERTIFY, That I attended deceased from Nov 15 1917 to July 27 1917, that I saw h[illegible] alive on July 26 1917, and that death occurred, on the date stated above, at 3:24 P m.

The CAUSE OF DEATH* was as follows:

Pernicious Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Collapse

(Duration) yrs. 6 mos. d.s.

(Signed) Calvert L. Lee M. D.

7/28/17 191... (Address) 120 E. Dorsett St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemy

DATE OF BURIAL, Sunday 30, 1917.

20-UNDERTAKER Alfred E Fuller

ADDRESS 221 N Broadway

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr Sorg Monument St

D 713

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 713

1 PLACE OF DEATH — Registered No. C 79

CITY OF BALTIMORE (No. 2117 Linden Ave. St.: 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sidney Sommefeld

(Residence in Baltimore: No. 2117 Linden Ave. St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Aug 15, (Month) (Day), 1875 (Year)

7 AGE: 42 yrs. 11 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9 BIRTHPLACE (State or country): Balto.

PARENTS

10 NAME OF FATHER: Adolph Sommefeld

11 BIRTHPLACE OF FATHER (State or country): Balto

12 MAIDEN NAME OF MOTHER: Celia Disner

13 BIRTHPLACE OF MOTHER (State or country): Germy.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Sommefeld.

(Address) 2117 Linden ave.

15 HARRY C. ANDREWS

Filed JUL 29 1917, 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 28, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1917, to July 28 1917

that I saw him alive on July 24, 1917

and that death occurred, on the date stated above, at 9a m

The CAUSE OF DEATH* was as follows:

Myocarditis.

1922

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds

(Signed) Harry Adler M. D.

July 28, 1917 (Address) 1718 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Heb Shalome — DATE OF BURIAL: July 30, 191 7

20 UNDERTAKER: J Ahlers & Co — ADDRESS: 16 11 Madison

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

D 7111

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 421 S. Paca. ST.: 22 WARD)
2-FULL NAME Nellie Bubinis
(Residence in Baltimore: No. 421 S. Paca.

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female
4-COLOR OR RACE White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January 22, 1917
(Month) (Day) (Year)

7-AGE, yrs. 6 mos. 5 ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, George E. Bubinis
11-BIRTHPLACE OF FATHER (State or Country), Russia
12-MAIDEN NAME OF MOTHER Victoria Schelchmay
13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Victoria Bubinis
(Address) 421 S. Paca

15- JUL 29 1917
Filed ....., 191.... HARRY C. ANDREWS Registrar.
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert S. Driscoll M. D.
July 28 191 (Coroner) (Address) 3.12 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Cem. DATE OF BURIAL, July 29 1917.

20-UNDERTAKER John Gr. Blandas ADDRESS 425 S. Paca St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 lbks.

D 7115

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7115

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 Hollins ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olga Laukaitis

(Residence in Baltimore: No. 832 Hollins St. St.; — yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... Jan. 28 ....., 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. — ds. | If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... 0ne
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Laukaitis

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Anna Boluinas

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Laukaitis

(Address) 832 Hollins St.

15-

Filed....., 191.....
JUL 29 1917
MARY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1917, to July 28 1917, that I saw h— alive on July 28 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Dentition

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Sigmund Blum M. D.

July 28, 191... (Address) 1211 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem.	July 30 1917
20-UNDERTAKER	**ADDRESS**
John Grebliauckas	425 S. Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7116

CERTIFICATE OF DEATH.

79

D 7116

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 N. Patterson Pk Av ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha B. Champness

(Residence in Baltimore: No. 723 N. Patterson Pk Av St. Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX ~~Female~~

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Mar 22nd (Month) (Day) 1880 (Year)

7-AGE, 37 yrs. 4 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Christian Schueler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret —

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. Champness

(Address) 723 N. Pat. Pl. Ave

15-

JUL 29 1917

Filed....., 191.....

HARRY C. ANDREWS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22 1917, to July 27 1917, that I saw h[illegible] alive on 11 25 1917, and that death occurred, on the date stated above, at 3.45 P.M.

The CAUSE OF DEATH* was as follows:

Fatty Degeneration of Myocardium of Heart,

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

July 27 191 7. (Address) 2600 E Ba St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, July 29 191 7.

20-UNDERTAKER Philip Herwig ADDRESS 2016 Aliceanna

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

7117

HEALTH DEPARTMENT—CITY OF BALTIMORE

7117

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 S. Exeter St ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Kaimet Key

(Residence in Baltimore: No. 15 S. Exeter St St.; 17 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ..... (Month) ..... (Day) ....., 1849 (Year)

7-AGE, 68 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)..... Own

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J. Lewis

(Address)..... 1411 E. Baltimore St

15-

Filed JUL 29 1917, 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22, 1917, to July 28, 1917, that I saw him alive on June 23 1917, and that death occurred, on the date stated above, at 2 30 p. m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(Duration) 10 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (Duration) ... yrs. 6 mos. ... ds.

(Signed) D. V. Sandmann M. D.

7/28, 191 7 (Address) 1322 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Southern Cem. DATE OF BURIAL, July 29, 191 7

20-UNDERTAKER Jack Lewis ADDRESS 1411 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 7118. 151 D 7118.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Lorman ST.; 15 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Gross.

(Residence in Baltimore: No. 1608 Lorman St. St.; ..... yrs., 9 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Baby

6-DATE OF BIRTH, October 15, 1916.
(Month) (Day) (Year)

7-AGE, ~~1 yrs. 2 mos. 20 ds.~~ 9mos 12das
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Gross

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Viola Fuller

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Viola Gross

(Address) 1608 Lorman St

15-

Filed JUL 29 1917, 191.... HARRY C. ANSELMS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to July 27 1917, that I saw him alive on July 27 1917, and that death occurred, on the date stated above, at 1130 a m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Charles C. Clark M. D.

July 27, 191.. (Address) 1310 N. Chester

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ost Cites — DATE OF BURIAL, July 27, 1917.

20-UNDERTAKER Edward Ringgold — ADDRESS 1263 N. Avery

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7119

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7119

CERTIFICATE OF DEATH.

M 2

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Thornton

(Residence in Baltimore: No. 200 Harrison St. yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 72 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None 000
(b) General nature of industry, business, or establishment in which employed (or employer). W. S. Pentwiser

9-BIRTHPLACE, (State or Country), Darlington S.C.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis M. Laughlin

(Address) 200 Harrison

15-

Filed JUL 29 1917, 191... Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion of brain due to accidental fall down stairs at his residence

4 days (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hy. + Cardiac

(Duration) yrs. mos. ds.

(Signed) W. J. Riley M. D. (Coroner.)

July 2, 1917. (Address) 1637 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 4 days yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 200 Harrison St

Former or usual residence 200 Harrison St

19-PLACE OF BURIAL OR REMOVAL, National Cem. DATE OF BURIAL, July 30th 1917.

20-UNDERTAKER Chas F. Evans & Son ADDRESS 118 W Mt Royal

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7120 — 37 — D 7120

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. / WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Postanowicz

(Residence in Baltimore: No. 315 S Madeira St St.; ..... yrs., 1 mos. 18 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	

6-DATE OF BIRTH, June 10, 1917. (Month) (Day) (Year)

7-AGE, ... yrs. 1 mos. 18 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Stephan Postanowicz

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ida Borowski

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) Johns Hopkins Hospital

15- Filed JUL 29 1917, 191... ROBERT C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 191..., to July 28 1917, that I saw h[illegible] alive on July 28 191..., and that death occurred, on the date stated above, at 4.45 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal indigestion acute

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Syphilis Prenitum

(Duration) ..... yrs. 1 mos. 15 ds.

(Signed) Henry B. Conrad M. D.

July 29, 191... (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 2 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 315 S Madeira St

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, July 30 191...

20-UNDERTAKER J. M. Fitzgerald — ADDRESS 1616 E. 4th St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7121 — 120 — D 7121

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 McCulloh ST.; 14 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Thomas Walker.

(Residence in Baltimore: No. 1924 McCulloh St.; 25 yrs. mos. ds.)

25 yrs in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. 15, 1871
(Month) (Day) (Year)

7-AGE, 45 yrs. 10 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butler
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country), Gloucester Va.

PARENTS.

10-NAME OF FATHER, Arthur Walker

11-BIRTHPLACE OF FATHER (State or Country), Gloucester Va.

12-MAIDEN NAME OF MOTHER Ester Burrell

13-BIRTHPLACE OF MOTHER (State or Country), Gloucester Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jessie Walker

(Address) 1924 McCulloh.

15- JUL 29 1917 HARRY C. ANDREAE Bureau Registrar.

Filed ....., 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 191 7, to July 27 191 7, that I saw h[illegible] alive on July 27 191 7, and that death occurred, on the date stated above, at 7.25 p. m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Inter. Glomerul Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm H. Wright M. D.

July 26, 1917. (Address) 1200 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Calvary Cem — DATE OF BURIAL, July 29, 1917

20-UNDERTAKER Samuel Moseley — ADDRESS 5 Rutland

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7122 ✓ 7122

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 W. Fayette ST.; 19 WARD) REGISTERED NO. C 81

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan W. Housenaue

(Residence in Baltimore: No. 1706 W. Fayette St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, May (Month) 25 (Day), 1850 (Year)

7-AGE,	If LESS than 1 day,
67 yrs. 2 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Emanuel Shipman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Richards Waters

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie H. Rodgers

(Address) 1706 W. Fayette St

15-

Filed ....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1917, to July 27 1917, that I saw her alive on July 27 1917, and that death occurred, on the date stated above, at 2.45 m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 1 yrs. ....mos. ....ds.

(Signed) M A Wheeler M. D.

July 28, 191.. (Address) 108 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	July 30 191.7
20-UNDERTAKER	ADDRESS
John A. Mitchell	1201 W. Fayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7123

CERTIFICATE OF DEATH.

91

D 7123

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Denver ST.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Jacobs

(Residence in Baltimore: No. 1203 Denver St.; 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 16, 1916. (Month) (Day) (Year)

7-AGE, ...yrs. 11 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) 0 0 0

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William F Jacobs

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Mary Jacobson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Mary Jacobs

(Address) ..... 1203 Denver St

15-

Filed JUL 29 1917, 191.. HARRY J. ARNOLD Deputy Health Officer. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to July 28 1917, that I saw h— alive on July 28 1917, and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Rachitis ?

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (Duration) ....yrs. ....mos. 2 ds.

(Signed) Theo. A. Kalmus M. D.

July 29, 1917. (Address) 34 S. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem

DATE OF BURIAL, July 30th 1917.

20-UNDERTAKER C. Schlosnant Son

ADDRESS 1039 Hanover St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7121

HEALTH DEPARTMENT—CITY OF BALTIMORE

7121

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 509 E 27 St. 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W Baber Jr.

(Residence in Baltimore: No. 509 E 27th St.; Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Baby

6-DATE OF BIRTH, ... Jan 9 ....., 1917
(Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 19 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John W. Baber.

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER, Alice Kleinrod

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Baber

(Address) 509 E 27th

15- JUL 29 1917 HARRY P. ANDREWS Burial Permit Clerk

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquest ..... (Inquest, autopsy or inquiry.), find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Enteritis .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) M. D.

July 28, 1917. (Address) 11 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sandyville Carroll Co.	July 30th 1917

20-UNDERTAKER ..... ADDRESS

Mrs. Mc Cahill Teufel 801 W. Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

7125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 902 Boyd St.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Laurence

(Residence in Baltimore: No. 902 Boyd. 60 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, July 29, 1857
(Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Jessie Laurence.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.
(Informant) Louise Laurence.
(Address) 902 Boyd.

15-
Filed JUL 29 1917, 191.. MARY C. ANDREWS Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert D. Driscoll M. D.
July 25, 1917 (Coroner) (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, July 29, 19..

20-UNDERTAKER John J Bowen & Son — ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

7126 ✓ 7126

CERTIFICATE OF DEATH. X 102

1-PLACE OF DEATH Union Protestant Infirmary

CITY OF BALTIMORE: (No. U.P.I. 1514 Division ST.; 14 WARD) REGISTERED NO. C

2-FULL NAME Mr Francis Curry

(Residence in Baltimore: No. 1514 Division St St.; yrs., mos. 11 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, April 19 (Month) (Day), 1882 (Year)

7-AGE, 35 yrs. 3 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tin Worker
(b) General nature of industry, business, or establishment in which employed (or employer): 084

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Mr Edward Curry

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Miss Bridgett O'Neill

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hugh C. F. Gill M.D.

(Address) Union Protestant Infirmary

15- Filed JUL 30 1917 ROBERT R. KRAUTER Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 29 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1917, to July 29 1917, that I saw him alive on July 29 1917, and that death occurred, on the date stated above, at 8.20 P m.

The CAUSE OF DEATH* was as follows:

Ulcer of the Stomach

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Surgical Shock

(Duration) yrs. mos. 6 ds.

(Signed) Hugh C. F. Gill M. D.

July 29, 1917. (Address) Union Protestant Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Morgantown W. Va.

19-PLACE OF BURIAL OR REMOVAL: Morgantown W Va — DATE OF BURIAL, July 31 1917.

20-UNDERTAKER A. Fahey & Sons. — ADDRESS 606 Fayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

7127 7127

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Isaacson

(Residence in Baltimore: No. Hebrew Hospital St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	White	Widow

6-DATE OF BIRTH, ... Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
81 yrs. ....mos. ....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None 000
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Guy Isaacson

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hebrew

(Address) 1411 E Balto St

15- Filed JUL 30 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1917, to July 29 1917, that I saw him alive on July 29 1917, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Chronic Myocarditis ? Hypostatic Pneumonia

(Duration) ?....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation Edema

(Duration) Pregnancy 7 mos. 6 days

(Signed) Israel Strauss M. D.

July 29, 191.7 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. ....mos. ....ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at places of death? ?

Former or usual residence Hebrew Hospital

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Ferry Rd	July 31, 191...
20-UNDERTAKER	ADDRESS
Jos. L. Levy	1411 E Balto

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154

7128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Pulaski ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Whitaker

(Residence in Baltimore: No. 519 N Pulaski St.; 84 yrs. ..... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, ... (Month) ..... (Day) 1833 (Year)

7-AGE,	If LESS than 1 day,
84 yrs. — mos. — da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, James Miller

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Jane Tribin

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James F. Whitaker

(Address) 519 N Pulaski St

15-

Filed JUL 30 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 1915, to July 27 1917, that I saw h.r alive on July 26 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Senile Paresis

..... (Duration) 2 yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) M. F. Smith M. D.

July 28, 1917. (Address) 1182 W Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Farmer or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	July 30, 1917

20-UNDERTAKER	ADDRESS
H. M. Lauchheimer	1624 N Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7129 — 138 — D 7129

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 S. Durham ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Szarski

(Residence in Baltimore: No. 621 S. Durham St.; 65 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 5 (Month) (Day) 1852 (Year)

7-AGE, 65 yrs. 1 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House 037
(b) General nature of industry, business, or establishment in which employed (or employer) Work at home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Walters

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Grimm

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Szarski

(Address) 621 S Durham St

15- ROBERT B. KRAUSE

Filed JUL 30 1917 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to July 27 1917, that I saw her alive on July 27 1917, and that death occurred, on the date stated above, at 3:45 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

.....

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

..... (Duration) 2 yrs. ....mos. 10 ds.

(Signed) J. Wm Lucas M. D.

July 30, 1917. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, July 30 1917.

20-UNDERTAKER H. Sander & Sons — ADDRESS 1710 E Lex St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Willard Camphor.

D 7130

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

104

D 7130

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1413 Mosher ST.: 16 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willard Camphor

(Residence in Baltimore: No. 1413 Mosher St.; yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, July 29, 1906
(Month) (Day) (Year)

7-AGE, ... yrs. 10 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... ~~Co~~

9-BIRTHPLACE, (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, Walter Camphor

11-BIRTHPLACE OF FATHER (State or Country), Balto., Md.

12-MAIDEN NAME OF MOTHER Stevenson

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Camphor

(Address) 1413 Mosher St

15- JUL 30 1917

Filed ....., 191.... ROBERT B. KRAUTH Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 29, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, W. Laurel — DATE OF BURIAL, July 30 1917

20-UNDERTAKER Sam'l T. Ellis — ADDRESS 1400 N. Mosher

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-25-14—M. & T.—2000 Bks.

D 7131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

D 7131

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James D. M. Waldmann

(Residence in Baltimore: No. 1730 Ashland Ave. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 3 (Day), 1850 (Year)

7-AGE, 67 yrs. 1 mos. 25 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Collector 072
(b) General nature of industry, business, or establishment in which employed (or employer): Insurance

9-BIRTHPLACE, (State or Country), Baltimore, Maryland

PARENTS.

10-NAME OF FATHER, William Waldmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Mason

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Waldmann

(Address) 1730 Ashland ave

15- Filed JUL 30 1917, 191.... ROBERT B. KRAUTER Registrar.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 27 1917, to July 28 1917, that I saw him alive on July 28 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Louis Z. Zapow M. D.

7-28..., 191.7 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1730 Ashland Ave.

19-PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL, Jul. 31, 1917

20-UNDERTAKER Zickler & Zickler — ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

D 7132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

D 7132

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Columbia Ave ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert A. Innerst

(Residence in Baltimore: No. 1409 Columbia Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb 21, 1876
(Month) (Day) (Year)

7-AGE, 41 yrs. 5 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Robert H. Innerst

11-BIRTHPLACE OF FATHER (State or Country), York Pa

12-MAIDEN NAME OF MOTHER Elizabeth Shanker

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert H. Innerst

(Address) 1409 Columbia

15-

JUL 30 1917

Filed ....., 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 29, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1917, to July 29 1917, that I saw h[illegible] alive on July 28 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

.....

Pulmonary Tuberculosis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Hemmeter M. D.

July 29, 191.7 (Address) 1301 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, London Park

DATE OF BURIAL, July 31, 191.7

20-UNDERTAKER Wm Cook

ADDRESS 504 E Hoffman

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impoitant. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

7133 — 30 — 7133

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Jefferson ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Kehoe

(Residence in Baltimore: No. 2812 Jefferson St.; life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 27 (Day), 1909 (Year)

7-AGE, 7 yrs. 10 mos. 4 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Edward Kehoe

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Catherine Bebrand

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Kehoe

(Address) 2812 Jefferson

15-

Filed ..... 191.....

ROBERT B. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 191 7, to July 29 191 7, that I saw her alive on July 27 191 7, and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

1. Tubercular Meningitis

(Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Mayo M. D.

7/31, 191 7 (Address) 2128 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral

DATE OF BURIAL. July 31 191 7

20-UNDERTAKER William Cook

ADDRESS 5206 North

am

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7131

91

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 3004 Mc Kay Ct ST.: 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Haines

(Residence in Baltimore: No. 3004 Mc Kay Ct St.: yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov 27 (Month) (Day), 1916 (Year)

7-AGE: yrs. 8 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Henry Haynes

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Elizabeth Fines

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Haynes

(Address) 3004 McKay Court

15

Filed JUL 30 1917 ROBERT B. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 29 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 22, 1917, to July 29 1917, that I saw h— alive on July 28, 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Primary

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY) Toxaemia

(Duration) yrs. mos. 2 ds.

(Signed) W. L Burke M. D.

July 30, 1917 (Address) 3042 Hudson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel

DATE OF BURIAL: July 30, 1917

20-UNDERTAKER: Lewis Cook

ADDRESS: 502 E North

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7135

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 D 7135

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 40 Albermarle St. 3d WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Maselauskas.

(Residence in Baltimore: No. 40 Albermarle St.; yrs. mos. 17 Hrs.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 29 (Day) 1917 (Year)

7-AGE: yrs. mos. ds. | If LESS than 1 day, 17 hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md 40 albermarle St.

PARENTS

10-NAME OF FATHER: Anton Magelauskas

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Petrona Raudasl

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anton Mazelauskas

(Address) 40 albemarle St.

15-Filed JUL 30 1917 191 AUBERT E. KRAMER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 30 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 29, 191.., to July, 1917.
that I saw her alive on July 29, 1917.
and that death occurred, on the date stated above, at 3. m.
The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration) yrs. mos. ds

Contributory (SECONDARY) Congenital debility

(Duration) yrs. mos. ds.

(Signed) L. H. Ephraim M. D.

191.. (Address) 218 S. Exeter St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Stanislaus Cem. | DATE OF BURIAL: July 30 1917.

20-UNDERTAKER: John Grebliauckas. | ADDRESS: 425 S. Paca St.

Spec.—8-24-14—M. & T.—2000 Bks.

Sedrega Pucinskas

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7136 — 151 — D 7136

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 214 W. Camden ST.; 22 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sedrega Pucinskas

(Residence in Baltimore: No. 214 W. Camden St.; — yrs., 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, June (Month) 27 (Day) 1917 (Year)

7-AGE, — yrs. 1 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Dominic Pucinskas

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Anna Gurgilitz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dominic Pucinskas

(Address) 214 W Camden St.

15-

Filed....., 191.....

JUL 30 1917 ROBERT R. [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 29 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25 1917, to July 29 1917, that I saw her alive on July 29 1917, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis
(Loss of breast milk and improper care)

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm Franklin M. D.

7/30, 1917 (Address) 122 W Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Cem. DATE OF BURIAL, July 30 1917.

20-UNDERTAKER John Grebliauckas ADDRESS 425 S. Paca St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

Louisa Winfield

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7137

CERTIFICATE OF DEATH.

19 D 7137

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Argyle ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawson Winfield

(Residence in Baltimore: No. 1118 Argyle ave St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 68 yrs. mos. ds. | If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 170

9-BIRTHPLACE, (State or Country), North Carlina

PARENTS.

10-NAME OF FATHER, Thomas Hill

11-BIRTHPLACE OF FATHER (State or Country), North Carlina

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Bowen

(Address) 1118 Argyle ave

15- ROBERT B. KRAUSER

Filed JUL 30 1917, 191.... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1917, to July 27 1917, that I saw h[illegible] alive on July 26 1917, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows: Cardiac Disease Valvular

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 5 mos. ds.

(Signed) [illegible] M. D.

July 2, 191.7 (Address) 711 S. Chapel

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cemetery | DATE OF BURIAL, July 30, 1917.

20-UNDERTAKER Geo H Hooper | ADDRESS 609 Pitt Street

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7138

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7138

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 119 S Chapel St ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Mary E Roberts

(Residence in Baltimore: No. 119 S Chapel St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year) 1857

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). Home

9-BIRTHPLACE, (State or Country) MD or Indiana

PARENTS.

10-NAME OF FATHER, Thompson Jones

11-BIRTHPLACE OF FATHER (State or Country), MD

12-MAIDEN NAME OF MOTHER Mamie Jones

13-BIRTHPLACE OF MOTHER (State or Country), MD

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Her daughter Irma Roberts

(Address) 119 S Chapel St

15- JUL 30 1917 ROBERT B. KRAUTER

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917
..... (Month) ..... (Day) ..... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas Ames Smith, M. D. (Coroner.)

July 28, 1917 (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Druid Hill Cemetery — DATE OF BURIAL, July 31 1917

20-UNDERTAKER Co md — ADDRESS

Mrs R A Elliott 506 East-St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7130

CERTIFICATE OF DEATH

28

D 7139

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 714 W Lexington St. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fitzpatrick L Ryan

(Residence in Baltimore: No. 714 W Lexington St. 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: July (Month) 4 (Day), 1867 (Year)

7-AGE: 50 yrs. 24 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: John Ryan

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Charlotte Lee

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs. Soper

(Address): 714 W. Lexington

15. Filed OCT 30 1917, 191.. ROBERT R. KRAUSER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 28th (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 24th, 1917, to July 28th, 1917, that I saw him alive on July 28th, 1917, and that death occurred, on the date stated above, at 9 p m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

(Duration) 1/2 yrs. mos. ds

Contributory (SECONDARY) x

(Duration) yrs. mos. ds.

(Signed) C Van Williams M. D.

7-28, 1917 (Address) 601 Cumberland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Cem. DATE OF BURIAL: July 30, 1917

20-UNDERTAKER: M. D. Flynn ADDRESS: 1422 Light

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7140

CERTIFICATE OF DEATH.

104

D 7140

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 905 S. Howard St. ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Brooks. (C)

(Residence in Baltimore: No. 903 S. Howard St. St.: yrs., 4 mos 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored	Single.

6-DATE OF BIRTH, March 3rd. 1917., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 4 mos. 25 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William Brooks. (C)

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Emma Jefferson. (C)

13-BIRTHPLACE OF MOTHER (State or Country). Calvert Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Emma Jefferson (C) mother.
(Informant).....
(Address) 905 S. Howard St.

15- Filed JUL 30 1917 ROBERT R. KRAUTER Registrar.
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July, 28th. 1917., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enterocolitis.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....
(Duration).....yrs.....mos.....ds.

(Signed) Otto A. Reinhardt M. D.
(Coroner)
July, 30, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Ct	July 30, 1917.
20-UNDERTAKER	ADDRESS
L. B. Brand & Son	108 W. Monta-

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7141

CERTIFICATE OF DEATH.

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie E. Brokaw

(Residence in Baltimore: No. 1876 N. Bond St. St.; ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, (MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 1 (Day) 1867 (Year)

7-AGE, 50 yrs. 1 mos. 29 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary Wolfe

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mercy Hosp

(Address)..... Calvert St

15-

Filed JUL 30 1917, 191.... ROBERT P. KRAUSER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to July 30 1917, that I saw h[er] alive on July 30 1917, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

I (a) Acute Pneumonia Lobe
(b) Sclerosis (Duration) Dr. not known yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Smith M. D.

July 30, 1917 (Address) Mercy Hosp

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1876 N. Bond St.

Former or usual residence 1876 N. Bond St.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Aug. 1..., 1917.

20-UNDERTAKER Allen & Fuller ADDRESS 221 N Bway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 7142

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 7142

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2018 Westwood Ave ST.: 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irwin Elizabeth Haynie

(Residence in Baltimore: No. 2018 Westwood Ave St.: 2d yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: ~~SEX~~ Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Oct 29th, 1917 (Month) (Day) (Year)

7-AGE: 76 yrs. 9 mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Wm L. Haynie

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Louisa W. Adams

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Lula L. Eubank

(Address) 2018 Westwood Ave

15 JUL 30 1917 ROBERT B. KRAUTER

Filed ....., 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 29, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1917, to July 29, 1917

that I saw h— alive on July 28, 1917

and that death occurred, on the date stated above, at 2 [illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Nature's Debt

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. T. Gehry M. D.

July 30, 1917 (Address) 627 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Fredericktown, Md. DATE OF BURIAL: July 31st, 1917

20-UNDERTAKER: Kirkham & Lore ADDRESS: 1733 W. Lafayette

Albert E. Dennis

D 7143

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79

D 7143

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1009 N Monroe St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Edward Dennis

(Residence in Baltimore: No. 1009 N. Monroe St. St.; 30 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: April 15th, 1854 (Month) (Day) (Year)

7-AGE: 63 yrs. 3 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Driver 023
(b) General nature of industry, business, or establishment in which employed (or employer): Standard Oil Co

9-BIRTHPLACE (State or country): Washington D. C.

PARENTS

10-NAME OF FATHER: Felix Dennis

11-BIRTHPLACE OF FATHER (State or country): France

12-MAIDEN NAME OF MOTHER: Kate Scott

13-BIRTHPLACE OF MOTHER (State or country): Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Rebecca Lewis

(Address) 1009 N Monroe St.

15

Filed JUL 30 1917 19..

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 28 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1916, to July 28 1917.

that I saw h.. alive on July 28, 1917.

and that death occurred, on the date stated above, at 3.30 m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)

(Duration) 1 yrs. 8 mos. ds

Contributory (SECONDARY) Valvular Heart Disease

(Duration) 1 yrs. 3 mos. ds.

(Signed) Dr J Thomas Nelson M. D.

July 29, 1917 (Address) 1001 N Fulton av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death 17 yrs. mos. ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: July 31 1917

20-UNDERTAKER: Putnam & Cole — ADDRESS: 1723 W Lafayette ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7141

CERTIFICATE OF DEATH.

28

D 7141

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 156 W Lrst St ST. 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph J Fucke

(Residence in Baltimore: No. 156 W Lrst St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May —, 1872
(Month) (Day) (Year)

7-AGE, 45 yrs. 2 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Pipe fitter
(b) General nature of industry, business, or establishment in which employed (or employer) 059

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Fucke

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER dont know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nellie Fucke

(Address) 156 W Lrst St

15-

Filed JUL 30 1917 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27th, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 23rd 191 7, to July 27th 191 7, that I saw h[illegible] alive on July 27 191 7, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

July 27th 191 7 (Address) 107 S Wm

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemy DATE OF BURIAL, July 31, 1917.

20-UNDERTAKER F. A. Krause ADDRESS 703 Hanover

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7145

CERTIFICATE OF DEATH.

X 92

D 7145

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Shipley

(Residence in Baltimore: No. 1 day St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	single

6-DATE OF BIRTH, October 31, 1916
(Month) (Day) (Year)

7-AGE, 0 yrs. 8 mos. 26 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Ralph P. Shipley

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Georgianna Sykes

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Smith

(Address) ..... Johns Hopkins Hospital

15- JUL 30 1917 ROBERT R. KRAUTER
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 191.7, to July 26 191.7, that I saw him alive on July 26 191.7, and that death occurred, on the date stated above, at 11.55 p m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Pneumococcus Sepsis

(Duration) ... yrs. ... mos. ... ds.

(Signed) T. B. Spruit M. D.

(Address) Johns Hopkins Hosp

July 27 191.7

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Rossville md

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem DATE OF BURIAL, July 31, 1917

20-UNDERTAKER C A Wedefeld Jr ADDRESS 2113 Greenmount Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 7146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109 D 7146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Farley

(Residence in Baltimore: No. 421 N. High St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, June 17, 1864 (Month) (Day) (Year)

7-AGE, 53 yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Horse Shoer
(b) General nature of industry, business, or establishment in which employed (or employer) " " 006

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward Farley

11-BIRTHPLACE OF FATHER (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER Harriet Denny

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Next of kin Mercy Hosp

(Address) Calvert St.

15-

JUL 30 1917

Filed ....., 191.....

ROBERT B. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 29 1917, to July 28 1917, that I saw him alive on July 28 1917, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
(Duration) Strictur June 29 1917 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hernia
(Duration) yrs. 1 mos. ds.

(Signed) Edward P. Smith M. D.

July 28, 191 7 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 421 N. High St

Former or usual residence 421 N. High St

19-PLACE OF BURIAL OR REMOVAL, Catholic Cem. DATE OF BURIAL, July 31, 191.

20-UNDERTAKER Geo. A. Foley ADDRESS Fulton Ave

N. B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 7147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7147

120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1641 Westwood Avenue St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sidney Elmira Xavier Graffin.

(Residence in Baltimore: No. 1641 Westwood Avenue St.; ....yrs,....mos....ds.)

N.B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, September 27th, 1833.
(Month) (Day) (Year)

7-AGE, 84 yrs. 10 mos. 1 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Baltimore, Maryland.

PARENTS.

10-NAME OF FATHER, Benjamin H. Fuller

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Maryland.

12-MAIDEN NAME OF MOTHER Catharine Cole

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sidney Graffin

(Address) 1641 Westwood Ave.

15-

Filed JUL 30 1917, 191.... ROBERT B. KRAUTER DEPUTY REGISTRAR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 27th 1910, to July 27th, 1917, that I saw h[illegible] alive on July 27th, 1917, and that death occurred, on the date stated above, at 5.40 a.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis.

(Duration) 6 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Senile debility.

(Duration) yrs. mos. 4 ds.

(Signed) Edgar Shirley Perkins M. D.

July 28th, 1917. (Address) Rochambeau Apt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, July 30, 1917.

20-UNDERTAKER Martin Fahey & Son ADDRESS 606 Lafayette Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 N Gilmore ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Slonaker

(Residence in Baltimore: No. 1328 N Gilmore St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... Jan (Month) 22 (Day), 1881 (Year)

7-AGE, 36 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Daniel Lawrence

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Weiss

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... G. O. Slonaker

(Address) ..... 1328 N. Gilmore

15-

Filed JUL 30 1917, 191.....

HARRY O. ANDREWS
Deputy Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9 1917, to July 28 1917, that I saw her alive on July 28 1917, and that death occurred, on the date stated above, at 4.40 A m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis + Insuff.

(Duration) 30 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Dropsy + Renal Disease

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Wm A Luetscher M. D.

July 28, 1917 (Address) 1025 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem'y

DATE OF BURIAL, July 31, 1917

20-UNDERTAKER Howe Routson

ADDRESS 230 N Green

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7149

169

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. ..... Port Covington. ..... ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ..... Joseph L. Clarke.

(Residence in Baltimore: No. Star. Courtown Port Covington. St.; yrs. Not known. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, Do not know. (Month) ....., 1 (Day) ..... (Year)

7-AGE, 24 yrs. -- mos. -- ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... British Sailor.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Naval Gunner.

9-BIRTHPLACE, (State or Country), England.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country), Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
The British Consulate.
(Informant).....
(Address)..... Macht Building.

15-
Filed JUL 30 1917, 191..... HARRY O. ANDREWS
Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July, 28th. 1917. ....., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Accidental Drowning.

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs.....mos.....ds.

(Signed) Otto A. Reinhardt (Coroner.) M. D.

July, 30, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? .....
54 Blackiston St.
Former or usual residence Blyth England

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cemetery	July 30 1917.
20-UNDERTAKER Jos L. Cook	ADDRESS 1034 Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

146 B K

REGISTERED No. C 7150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 S. Potomac St ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Winfield Wilson

(Residence in Baltimore: No. 647 S. Potomac St. St.; Life yrs., mos., ds.)

N.B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—THE ITEMS should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, August (Month) 30th (Day), 1908 (Year)

7-AGE, 8 yrs. 10 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, George C. Wilson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co.

12-MAIDEN NAME OF MOTHER Marie B. Malone

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George C. Wilson

(Address) 647 S. Potomac St.

15- JUL 30 1917 HARRY C. ANDREWS

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 29th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1917, to July 29 1917, that I saw h[illegible] alive on July 29 1917, and that death occurred, on the date stated above, at 11.57 a. m.

The CAUSE OF DEATH* was as follows:

Septicemia (Focus of infection unknown)

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Over.

(Duration) yrs. mos. ds.

(Signed) J. W. B. Witlow M. D.

July 30 191... (Address) 303 N. O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem.	July 31st, 1917
20-UNDERTAKER Lilly & Zeiler.	ADDRESS 403 E. North Ave

over

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 7151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1025 W Cross ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia Kelly,

(Residence in Baltimore: No.) 1025 W Cross St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. ~~Female~~ Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. Not Known

(Month) (Day) (Year)

7-AGE. 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Patrick Moylan

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Ellen Timothy

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Orton

(Address) 1025 W Cross St

15-

Filed JUL 30 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 27, 1917.

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Endocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation

(Duration) Sudden yrs. mos. ds.

(Signed) James McAleer M. D.

(Coroner.)

July 29 1917. (Address) 712 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cemetery

DATE OF BURIAL. July 31 1917.

20-UNDERTAKER James Dignan & Son

ADDRESS 1010 W Baltimore St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 175 ✓

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Zygmunt Jenerzejewski

(Residence in Baltimore: No. Locust Point A. A. Co. St.; yrs., 10 mos., 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 10 (Day), 1907 (Year)

7-AGE, 10 yrs. mos. 18 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): School boy

9-BIRTHPLACE, (State or Country), E. Brooklyn, N.Y.

PARENTS.

10-NAME OF FATHER, Stanislaw Jendrzejewski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Anna Kokicka

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Jendrzejewski

(Address) E. Brooklyn

15- JUL 30 1917 Filed....., 191.... HARRY D. ANDREWS Burial Permit Clerk

Registrar.

over

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull - Struck by Auto Car

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. J. Riley (Coroner) M. D.

July 30, 1917 (Address) 639 Linden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

over

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where did disease contracted, if not at place of death? Wagners Point A.A.R.R. Co.

Former or usual residence Wagners Point Md.

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, July 31 1917

20-UNDERTAKER Wm. Frazer Sons & Co.

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital, ST.: 9 WARD) REGISTERED No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Henry Bittner

(Residence in Baltimore: No. 624 E. 28 St ... St.: —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Married

6-DATE OF BIRTH, Unknown 1 ..... (Month) (Day) (Year)

7-AGE, 76 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Motorman
(b) General nature of industry, business, or establishment in which employed (or employer): — 078

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.
10-NAME OF FATHER, Christopher Bittner
11-BIRTHPLACE OF FATHER (State or Country), Maryland.
12-MAIDEN NAME OF MOTHER Agnes Mc Cubbin
13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Joseph P. Cumming
(Address) 400 Whitridge Ave

15- Filed JUL 30 1917, 191.... HARRY O ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hydrochloric Poison. (suicidal)

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) A. L. Driscoll M. D. (Coroner.)
July 30, 1917. (Address) 3127 Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death University Hospital ..... yrs. ..... mos. 1 ds. In the State Life ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 624 E 28 St

19-PLACE OF BURIAL OR REMOVAL, Dumont County — DATE OF BURIAL, July 31 1917

20-UNDERTAKER George F. Ruth — ADDRESS 1735 Harford Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 N. Montford Ave. St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Derby.

(Residence in Baltimore: No. 216 N. Montford Ave St.; 33 yrs. - 1 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	colored	Single

6-DATE OF BIRTH: June (Month) 20 (Day) 1884 (Year)

7-AGE: 33 yrs. 1 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House worke
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Adline Denby

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Florence Denby

(Address) 224 N. Durham St

15- FILED JUL 30 1917 HARRY C. ANDREWS REGISTRAR

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 28th (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15th 1917, to, July 28th 1917, that I saw h.. alive on July 29th 1917, and that death occurred, on the date stated above, at 1.20 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(Duration) ..... yrs ..... mos. 16 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos ..... ds.

(Signed) John Davis M. D.

July 30th 1917. [Address] 2102 Baltimore St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death .... yrs .... mos .... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Ashby Cemetery | DATE OF BURIAL: Aug 2 1917

20-UNDERTAKER: Milton Davis | ADDRESS: 483 N Eden St

Isabella Simpson

D 7155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 7155

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1117 Jordan Alley ST.; 11 WARD)

2-FULL NAME Isabella Simpson

(Residence in Baltimore: No. 1117 Jordan St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1852 (Year)

7-AGE, 67 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Woman-070
(b) General nature of industry, business, or establishment in which employed (or employer): Cooks

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joseph D Collins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Hannon

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida V Simpson

(Address) 1117 Jordan alley

15-

Filed ....., 191.....

ROBERT B. CRAFTS
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Age 67 yrs

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senile

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner) July 30, 1917. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, July 31, 1917

20-UNDERTAKER John H Tradum

ADDRESS 142 Hatiel St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 7156

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7156

CERTIFICATE OF DEATH.

REGISTERED No. C 99

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 S Potomac ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Margaret Hewson

(Residence in Baltimore: No. 617 S. Potomac, St.) (32 yrs., ... mos. ..... ds.)

N.B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Dec (Month) 17 (Day), 1870 (Year)

7-AGE: 47 yrs. 7 mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or estsblishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country): Germany.

PARENTS.

10-NAME OF FATHER: Dont Know

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or Country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry A. P. Hewson

(Address) 617 S Potomac.

15-

JUL 31 1917 ROBERT B. KRAUTER

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: July (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 191., to July 30 191 7, that I saw her alive on July 29 191 7, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Wm. J. McCaw M. D.

July 30, 1917 (Address) 839 S Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL, Aug 1., 1917.

20-UNDERTAKER: John Herring & Co — ADDRESS 2008 Aisquith

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17 / 3-2 / 1 D 7157

Harry Gosbender

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 7157

CERTIFICATE OF DEATH.

11 + 176

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mt Gov. Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Gosbender

(Residence in Baltimore: No. Windsor Mills Road Woodlawn Baltimore Co. Md St.; yrs., mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	married

6-DATE OF BIRTH, September 16 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Own

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Gabriel
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER Catherine
13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Harry Gosbender
(Address) Windsor Mills Road

15-

Filed JUL 31 1917, 191 ROBERT B. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration of Intestine

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) yrs. mos. ds.

(Signed) Oswald Schaffer M. D.
(Coroner.)
July 31, 1917 (Address) Woodlawn Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Woodlawn Md

Former or usual residence Woodlawn Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olive Cemetery	July 31 1917
20-UNDERTAKER John Herring & Co	ADDRESS 2508 Albans

D 7158

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7158

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Helen Ave. 2 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. A. Weiss

(Residence in Baltimore: No. 11 S Castle St., St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, ... September ....., 1 ..... (Month) (Day) (Year)

7-AGE. 9 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... School, 000
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Geo Balto

PARENTS.

10-NAME OF FATHER, Geo Weiss

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Ella Smith

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Corne Kelly

(Address) 263 N Paca St.

15-

Filed JUL 31 1917 191.....

ROBERT B. KRAUTER
SIGNATURE OF REGISTRAR
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July ..... 30 ..... 1917 ..... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

1917 (Address) ..... 191..

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 11 S. Castle St.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, Aug. 2, 1917

20-UNDERTAKER Christian Miller — ADDRESS 2834 Jefferson

Sarah E. Langer

D 7159 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 7159

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 935 N. Chester St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E Langer

(Residence in Baltimore: No. 935 N Chester St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, July (Month) 15 (Day), 1916 (Year)

7-AGE, 1 yrs. 0 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Frank Langer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Bentz

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Langer

(Address) 935 N Chester

15-

Filed JUL 31 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Interstes)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John Smiley (Coroner.) D.

July 30, 1917 (Address) 1 E. Lexington

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, 1st Evangelical Cemetery — DATE OF BURIAL, July 31, 1917

20-UNDERTAKER Christian Miller — ADDRESS 233 N Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7160

CERTIFICATE OF DEATH.

104

D 7160

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1519 Pressman ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vashti Hall

(Residence in Baltimore: No. 1519 Pressman St.; ..... yrs., 4 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, May (Month) 15th (Day), 1917 (Year)

7-AGE, ... yrs. 4 mos. 14 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

000

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Thaddeus Hubbard

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Cora Hall

13-BIRTHPLACE OF MOTHER (State or Country), Montgomery Co, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lula Billups

(Address) 1519 Pressman

15-

Filed ..... 191.....

ROBERT R. KRAEVER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1917, to July 30 1917, that I saw h.. alive on July 28th 1917, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry T. Brown M. D.

July 30 1917 (Address) 1501 Pressman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, July 31, 191..

20-UNDERTAKER Edward Ringgold

ADDRESS 1462 N...

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should note CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7161

CERTIFICATE OF DEATH.

150 D 7161

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 38 N. Streeper ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Wendt

(Residence in Baltimore: No. 38 N. Streeper St.; ....yrs., ...mos. 3 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) S

6-DATE OF BIRTH, July 28 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Wendt

11-BIRTHPLACE OF FATHER (State or Country), Boston Mass

12-MAIDEN NAME OF MOTHER Edna Ulstrum

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 38 N. Streeper St

15-

Filed JUL 31 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 28 191.., to July 30 1917, that I saw h.. alive on July 30 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Stenosis

over.

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) B V Kelly M. D.

July 30, 1917. (Address) 100 N. Lincoln

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, July 31, 1917.

20-UNDERTAKER Robt T Turner

ADDRESS 1422 Broadway

Thomas W. Hewitt

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7162 | 120 | D 7162

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 Clifton ave St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas McKeown Hewitt

(Residence in Baltimore: No. 1802 Clifton ave St.; 2 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: March (Month) 10 (Day) 1847 (Year)

7-AGE: 70 yrs. 4 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Mill Wright.
(b) General nature of industry, business, or establishment in which employed (or employer): 031

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Eli Hewitt

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Eliza McCubbin

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William B Redgeley

(Address) 1802 Clifton ave

15- Filed JUL 31 1917, 191 ROBERT R. KRAUTER REGISTRAR

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14, 1917, to, July 29 1917; that I saw him alive on July 29 1917, and that death occurred, on the date stated above, at 12.30 Pm.

The CAUSE OF DEATH* was as follows:

Infiltrative Chronic

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY) Endocarditis

(Duration) yrs. 6 mos. ds.

(Signed), William J Bryan M. D.

July 30, 1917. [Address] 1623 E Baltimore

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baker Falls Cemetery Md | DATE OF BURIAL: Aug 1, 1917

20-UNDERTAKER: Josiah Sykes | ADDRESS: 1622 N Monroe ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7163

159

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Gale Estate

CITY OF BALTIMORE (No. near Gwynns Falls Ave. ST. 11 WARD)

2-FULL NAME Albert Brodfield Rieman

(Residence in Baltimore: No. 1226 N. Calvert St.; yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. (Month) May (Day) 31, (Year) 1915

7-AGE. 92 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Bank clerk
(b) General nature of industry, business, or establishment in which employed (or employer). Bank

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER. Henry Rieman

11-BIRTHPLACE OF FATHER (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER. Mary J. Shabaugh

13-BIRTHPLACE OF MOTHER (State or Country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Rieman

(Address) Talbot Co Md

15-

Filed JUL 31 1917, 191

ROBERT E. KRAUTER
Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, About July 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot wound
Of Head
(Suicide)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John J. Morris M. D.
(Coroner.)

July 27 1917. (Address) 1 E. 22 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem

DATE OF BURIAL, July 31, 1917

20-UNDERTAKER. Westfeldt Bros & Co

ADDRESS Westfeldt Bros & Co

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7161

CERTIFICATE OF DEATH.

120 D 7161

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2435 Flut ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas to Wilkerson

(Residence in Baltimore: No. 2435 Flut St St.; 20 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH: Feb 22, 1842 (Month) (Day) (Year)

7-AGE: 35 yrs. 5 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman 067
(b) General nature of industry, business, or establishment in which employed (or employer): Baking House

9-BIRTHPLACE, (State or Country): Va.

PARENTS.

10-NAME OF FATHER: not known

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Minnie Tucker

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. H. Wilkerson

(Address) 2435 Flut St

15- JUL 31 1917 ROBERT R. KRAUSE Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: July 30, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 22 1917, to July 30 1917, that I saw him alive on " " 1917, and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) 1 yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bright's Kidney Disease (Duration) yrs. mos. ds.

(Signed) A. C. Bracey M. D.

7/31, 1917. (Address) 400 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cem. DATE OF BURIAL: Aug 2, 1917

20-UNDERTAKER: H. Sander Sons ADDRESS: 1710 Pleasant St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

P. D 7165

CERTIFICATE OF DEATH.

28 D 7165

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 N. Milton Ave ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna M. Von Kennen

(Residence in Baltimore: No. 1704 N. Milton Ave St.: 15 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 7th, 1883
(Month) (Day) (Year)

7-AGE, 34 yrs. 3 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, William Young

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Von Kennen

(Address) 1704 N. Milton Ave

15- JUL 31 1917 ROBERT B. KRAUTER

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1917, to July 25 1917, that I saw her alive on July 27 1917, and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculous Laryngitis, t.....
Acute Obstruction of Larynx.....
.....
..... (Duration) yrs. about 1 week ds.

CONTRIBUTORY (Secondary) Tuberculous Laryngitis.....
..... (Duration) yrs. mos. ds.

(Signed) R. D. Carman M. D.

July 29, 1917. (Address) 1201 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, July 31st, 1917.

20-UNDERTAKER H. Sander Sons ADDRESS 17 W. Lexington St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 D 7166

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 North Curley ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Bohmer

(Residence in Baltimore: No. 4 North Curley St.; 65 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Feb. (Month) 19th (Day), 1839 (Year)

7-AGE, 78 yrs. 5 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Adams

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilhelmina Peters

(Address) 4 N. Curley St

15-

Filed JUL 31 1917 191.....

ROBERT B. KHAUTH

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 191 7, to July 30 191 7, that I saw h[illegible]live on July 29 191 7, and that death occurred, on the date stated above, at 7 24 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) old age

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. C. Heaver M. D.

7/31, 1917 (Address) 2600 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Aug. 1st, 1917

20-UNDERTAKER H. Sander Sons

ADDRESS 1310 Pleasant St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7167

CERTIFICATE OF DEATH.

92 D 7167

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 Lauren ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Goldsborough

(Residence in Baltimore: No. 1334 Lauren St.; ....yrs., 2 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Dec 29, 1906 (Month) (Day) (Year)

7-AGE, 10 yrs. 7 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School girl
(b) General nature of industry, business, or establishment in which employed (or employer). 000

9-BIRTHPLACE. (State or Country). Balto City.

PARENTS.

10-NAME OF FATHER. Charles Goldsborough

11-BIRTHPLACE OF FATHER (State or Country) Md.

12-MAIDEN NAME OF MOTHER Ella Kings

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Goldsborough

(Address) 1334 Laurens

15-

Filed JUL 31 1917, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 29, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 17 1917, to July 29 1917, that I saw h.. alive on July 28 1917, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(Duration) ....yrs. ....mos. 1 ds.

(Signed) E. Williams Jones M. D.

July 29, 1917 (Address) 1728 Pentwater

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cem. DATE OF BURIAL. July 31 191.7

20-UNDERTAKER Daniel Easter ADDRESS 916 Penna ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

D 7168

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7168

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Argyle ave ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Morris

(Residence in Baltimore: No. 1518 Argyle Ave St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October, 1877
(Month) (Day) (Year)

7-AGE, 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

040

9-BIRTHPLACE, (State or Country), Loundes Co.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mishzie Morris

(Address) 1518 Argyle Ave.

15-

Filed JUL 31 1917 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1917, to July 28 1917, that I saw h alive on July 28 1917, and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 4 ds.

(Signed) T. E. Daugherty M. D.

July 29, 1917 (Address) 1602 Pelham Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemetery

DATE OF BURIAL, July 31, 1917

20-UNDERTAKER Edward W. Pyle

ADDRESS 903 Edmond

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

D 7168

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7168

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Argyle ave ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Morris

(Residence in Baltimore: No. 1518 Argyle Ave St.; yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October, 1877

7-AGE, 40 yrs.

8-OCCUPATION: (a) Laborer

9-BIRTHPLACE, (State or Country), Loundes Co.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mishzie Morris

(Address) 1518 Argyle Ave.

15-

Filed JUL 31 1917 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1917

17- I HEREBY CERTIFY, That I attended deceased from May 14 1917, to July 28 1917, that I saw h alive on July 28 1917, and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 4 ds.

(Signed) T. E. Daugherty M. D.

July 29, 1917 (Address) 1602 Pelham Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemetery

DATE OF BURIAL, July 31, 1917

20-UNDERTAKER Edward W. Pyle

ADDRESS 903 Edmond

You are

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7169

CERTIFICATE OF DEATH.

2 104 D 7169

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2044 Eastern Ave ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr C Everett

(Residence in Baltimore: No. 2044 Eastern Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 26 (Day), 1917 (Year)

7-AGE, ...yrs. 6 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Mr Everett

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Marie Grauland

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Mrs Everett

(Address) 2044 Everett St

15-

Filed JUL 31 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29 1917, to July 30 1917, that I saw him alive on July 29 1917, and that death occurred, on the date stated above, at 9 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism 2 hrs
Isolation

(Duration) ....yrs. ....mos. 2 hrs. ds.

CONTRIBUTORY (Secondary) Heart failure & Tuberculosis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) H. H. Bullock M. D.

7-30, 191.7 (Address) 1624 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Aug. 1, 1917.

20-UNDERTAKER Peter Nicolaus

ADDRESS 2046 Eastern Ave

N.B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Susan C. Geisbert

D 7170

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7170

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 Hollins ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan C. Geisbert

(Residence in Baltimore: No. 1917 Hollins St.; 33 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Sept 10, 1847
(Month) (Day) (Year)

7-AGE, 69 yrs. 9 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country). Frederick Co

PARENTS.

10-NAME OF FATHER, Joseph Hann

11-BIRTHPLACE OF FATHER (State or Country). Frederick Co Md

12-MAIDEN NAME OF MOTHER Gall

13-BIRTHPLACE OF MOTHER (State or Country) Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A M Geisbert

(Address) 1413 N Bulto

15-

JUL 31 1917

Filed....., 191.....

ROBERT R. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1917, to July 29 1917, that I saw h[illegible] alive on July 29 1917, and that death occurred, on the date stated above, at 0300 m.

The CAUSE OF DEATH* was as follows:

Acute Mania

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Carcinoma of stomach

(Duration) ..... yrs. ..... mos. unknown ds.

(Signed) Wm Tyler Ad Dr M. D.

7-30-, 1917. (Address) Garrison & Hamilton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery

DATE OF BURIAL, Aug. 1..., 1917

20-UNDERTAKER Geo J Smith

ADDRESS 1000 W Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7171

CERTIFICATE OF DEATH.

104 D 7171

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 Albemarle ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Linggi Perrona

(Residence in Baltimore: No. 321 Albemarle St.; ....yrs., 8 mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov. (Month) 14 (Day), 1914 (Year)

7-AGE, ...yrs. 8 mos. 16 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Perry Perrona

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Libera Monica

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Perry Perrona

(Address) 321 Albemarle St

15-

Filed JUL 31 1917, 191.... ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 1917, to July 30 1917, that I saw h— alive on July 30 1917, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) ....yrs. ....mos. 13 ds.

(Signed) J. Wolentarsky M. D.

July 31, 1917. (Address) 16 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents

DATE OF BURIAL, July 31, 1917.

20-UNDERTAKER Wendell Lippel

ADDRESS 330 S. Bond

Spec.—3-24-17—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7172

CERTIFICATE OF DEATH.

120 D 7172

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2218 McCulloh St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Philipson

(Residence in Baltimore: No. 2218 McCulloh St St.; 43 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... January ..... (Month) 1 (Day) ..... (Year)

7-AGE 68 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Philipson

(Address) 2218 McCulloh

15- JUL 31 1917 ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1917, to July 29 1917, that I saw him alive on July 29 1917, and that death occurred, on the date stated above, at 11.0 m.

The CAUSE OF DEATH* was as follows:

.....

Intestinal Obstruction

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

..... (Duration) ..... yrs. 6 mos. 5 ds.

(Signed) James C. Clark M. D.

July 31, 1917 (Address) 1201 Mercantile Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Hebrew Friendship | DATE OF BURIAL, July 31, 1917

20-UNDERTAKER David Sondheim | ADDRESS 114 N. Howard St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(3) 7173

CERTIFICATE OF DEATH.

105 D 7173

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 N. Dallas ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wilson

(Residence in Baltimore: No. 1107 N. Dallas St St.; ....yrs., mos. ds)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, a. a

5-[illegible] MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ...Unknown...., 1 ..... (Month) (Day) (Year)

7-AGE, ...61....yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

24

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Wilson

(Address) 1107 N. Dallas St

15- JUL 31 1917

Filed..... 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6, 1917, to July 1917, that I saw h[illegible] alive on July 28 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Catarrah (Chronic)
Cardiac Insufficiency

(Duration) ....yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Intestinal Catarrah

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. K. O'Brien M. D.

July 30, 1917. (Address) 1528 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetary

DATE OF BURIAL, July 31, 1917.

20-UNDERTAKER Chas. E. Bailey

ADDRESS 42 Jefferson

Spec.—8-24-14—M. & T.—2000 Blks.

D 7174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

XHD D 7174

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Guy A Wagner

(Residence in Baltimore: No. Church Home & Infirmary St.; ....yrs., ...mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1869.
(Month) (Day) (Year)

7-AGE, 48 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sales Agent 066
(b) General nature of industry, business, or establishment in which employed (or employer)..... Coal Mining Merch. etc

9-BIRTHPLACE, (State or Country), Wheeling, Ohio County, W. Va.

PARENTS.

10-NAME OF FATHER, John Wagner

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Allen

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A Wagner.

(Address) Syracuse. N.Y.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1917, to July 30 1917, that I saw h im alive on July 30 1917, and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma head & pancreas
with Metastasis to Liver
(Post-operative)
(Duration) — yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Anaemia
(Duration) — yrs. — mos. 9 ds.

(Signed) C M Harmon M. D.

7/30, 191.7 (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 14 ds. In the State — yrs. — mos. 14 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Wheeling West Virginia

19-PLACE OF BURIAL OR REMOVAL, Wheeling W Va — DATE OF BURIAL, Aug 1st, 1917.

20-UNDERTAKER Hesselbrock & Son Co — ADDRESS McCulloch & Jacob

AUG 21 1917 ROBERT B. KRAUTER

D 7175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 D 7175

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leslie R. Sohn

(Residence in Baltimore: No. 2123 Walbrook a. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan 28 (Month) (Day), 1906 (Year)

7-AGE, 11 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child 000
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Sohn

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Dorothy Habenach

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Sohn

(Address) 2145 Walbrook Ave

15- Filed JUL 31 1917 ROBERT R. KRAUTER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion of brain - Shock
by automobile.
Instant (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) A.S. Ruby M. D.
(Coroner.)
July 30 1917 (Address) 1657 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

Over

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....
Unknown - Not to Dr

Former or usual residence 2145 Walbrook

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, July 31, 1917.

20-UNDERTAKER Wm Cook — ADDRESS 1028 E Monu

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7176 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7176

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1331 Division ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Finn.

(Residence in Baltimore: No. 1331 Division St.; 3 yrs., ... mos. ... ds.)

(Residence in Baltimore: No. 1331 Division St.; Bayview City.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. June 1, 1876 (Month) (Day) (Year)

7-AGE, 39 yrs. 1 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Wife 069
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home Duties

9-BIRTHPLACE, (State or Country), Smithfield Va.

PARENTS.

10-NAME OF FATHER, Dalton Ward

11-BIRTHPLACE OF FATHER (State or Country), Smithfield Va.

12-MAIDEN NAME OF MOTHER Martha Bell

13-BIRTHPLACE OF MOTHER (State or Country), Smithfield Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry N. Finn

(Address) 1331 Division St.

15-

Filed JUL 31 1917 ROBERT R. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 15 1916, to July 30 1917, that I saw her alive on July 29 1917, and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ... yrs. 8 mos. ... ds.

CONTRIBUTORY (Secondary) Cystitis

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Wm H Wright M. D.

July 30, 1917. (Address) 1209 Bresh...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Smithfield Va. DATE OF BURIAL, July 31 1917.

20-UNDERTAKER, Samuel L. Demsey ADDRESS 57 Hillsdale

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7177

CERTIFICATE OF DEATH.

104 D 7177

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 Poplar Grove St.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Grant

(Residence in Baltimore: No. 1207 Poplar Grove St.: ——yrs., 10½mos.....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	

6-DATE OF BIRTH, ... (Month) 6th (Day) 1906 (Year)

7-AGE, ... yrs. 10 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Harry C. Grant

11-BIRTHPLACE OF FATHER (State or Country), Wilmington N.C.

12-MAIDEN NAME OF MOTHER, Ezra Jane Mc

13-BIRTHPLACE OF MOTHER (State or Country), County Galway Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nora P. Grant

(Address) 1207 Poplar Grove St

15-

Filed JUL 31 1917 191.....

ROBERT R. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 29, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Birth — 191.., to July 29 191.., that I saw her alive on July 29 191.., and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial Pneumonia

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ....yrs. 4 mos. 15 ds.

(Signed) H. C. Grant M. D.

....., 191... (Address) 1207 Poplar Grove St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

In place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, July 31, 191..

20-UNDERTAKER, H. C. Wudeck & Sons ADDRESS, 914 Green St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7178

CERTIFICATE OF DEATH.

151 D 7178

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Boone St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alvin Cramer

(Residence in Baltimore: No. 2107 Boone St. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 30 (Day), 1917. (Year)

7-AGE, ...yrs....mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Walter Cramer

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Lillian Wentzel

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Cramer

(Address) 2107 Boone St.

15-

Filed JUL 31 1917, 191.... ROBERT P. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31 (Day), 1917. (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30 1917, to July 31 1917, that I saw h.. alive on July 30 1917, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobular

Influenza Primary Bronchitis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Primary Bronchitis 7th month

(Duration) ....yrs. ....mos. ....ds.

(Signed) S. M. Lehninger M. D.

July 31, 1917 (Address) 127 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Aug. 1, 1917
20-UNDERTAKER	ADDRESS
C. A. Rudolph	Frem'k Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7179

CERTIFICATE OF DEATH.

37 D 7179

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 N Luzerne ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L Korb

(Residence in Baltimore: No. 506 N Luzerne St.; ....yrs....mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Mch 28, 1877
(Month) (Day) (Year)

7-AGE, 40 yrs. 4 mos. ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Manufacturing Jeweler 038
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto End

PARENTS.

10-NAME OF FATHER, Wm J Korb

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Veronica Auerhimer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace L Korb

(Address) 506 N Luzerne Av.

15-

Filed JUL 31 1917, 191.... ROBERT B. KRAUTER Registrar

BURIAL Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1915 191, to July 28 1917, that I saw h in alive on July 28 1917, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Paresis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile

(Duration) 2 yrs. mos. ds.

(Signed) M. G. Dunn M. D.

July 30, 191 7 (Address) 118 N Calhoun

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. dr. In the State yrs. mos. dr.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, July 31, 191 7

20-UNDERTAKER Elliott E Fuller ADDRESS 221 N Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7180

CERTIFICATE OF DEATH.

168 D 7189

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 509 W. Cross ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Allen

(Residence in Baltimore: No. 509 W. Cross St.: 0 yrs., 0 mos. 7 ds.)

NOTE.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, July 21, 1917.
(Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Thomas Allen

11-BIRTHPLACE OF FATHER (State or Country). Prince Edwards County, Va.

12-MAIDEN NAME OF MOTHER Daisy Booker

13-BIRTHPLACE OF MOTHER (State or Country). Prince Edwards County Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed JUL 31 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit 5167

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21, 1917, to July 27 1917, that I saw him alive on July 27. 1917, and that death occurred, on the date stated above, at 6:00 A m.

The CAUSE OF DEATH* was as follows:

Suffocation from mother rolling over on child

(Duration) 0 yrs. 0 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. H. Douglass, M. D.

July 28, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 7181

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 N Robinson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida L. Debelius

(Residence in Baltimore: No. 601 N Robinson St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 25th, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John W Debelius

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Ida L Duvall

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Debelius

(Address) 601 N. Robinson St

15-

Filed ....., 191.....

JUL 31 1917

ROBERT B. KNAPPER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1917, to July 30 1917, that I saw h.r alive on July 29 1917, and that death occurred, on the date stated above, at 1030 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Primary (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) H B Tellow M. D.

July 31, 1917. (Address) 3035 O'Donnell St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn

DATE OF BURIAL, July 31., 1917

20-UNDERTAKER John A Moran

ADDRESS Bank & Aisquith Sts

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7182

CERTIFICATE OF DEATH.

152 D 7182

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 S East Ave ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Clark

(Residence in Baltimore: No. 204 S East ave St.; ...yrs.,...mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	

6-DATE OF BIRTH, July 31st, 1917
(Month) (Day) (Year)

7-AGE, ...yrs.....mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

000 000

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, James F Clark

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Maida Fruntkohe

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James F Clark

(Address) 204 S East Ave

15-

JUL 31 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 1917, to July 30 1917, that I saw h[illegible] alive on July 30 1917, and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH* was as follows:

Asphyxia
Prematurity
(Duration) ...yrs. ...mos. 1 ds.
CONTRIBUTORY (Secondary) Atelectasis
(Duration) ...yrs. ...mos. 1 ds.

(Signed) Geo C Blades M. D.
7/30/17, 191... (Address) 143 N Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Whara was disaase contracted, if not at placa of death?

Formar or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, July 31st 191 7.

20-UNDERTAKER John A Moran — ADDRESS Bank & Ann Sts

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7183

CERTIFICATE OF DEATH.

152 D 7183

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 S East Ave, ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant: Clark

(Residence in Baltimore: No. 204 S East Ave St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, July 30th, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....000
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, James F Clark

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Maida Fennekohe

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James F Clark

(Address) 204 S East Ave

15-

Filed JUL 31 1917 191.... ROBERT R. KRAUTER Burial Permit Officer Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 1917, to July 30 1917, that I saw him alive on July 30 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Asphyxia
Congenital
(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Ex pneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo C Wiedefeld M. D.

7/30/17 (1911) (Address) 1426 Bank Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, July 31., 1917.

20-UNDERTAKER John A Moran

ADDRESS Bank & Conn Sts.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7181

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

D 7181

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1047 Greenmount ave ST.; 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. Tierney

(Residence in Baltimore: No. 1047 Greenmount ave St.; — yrs. — mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan 7, 1892 (Month) (Day) (Year)

7-AGE: 25 yrs. 6 mos. 24 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Printer 063
(b) General nature of industry, business, or establishment in which employed (or employer): pressman

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Thomas Tierney

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: mary Crippin

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Tierney

(Address) 1047 Greenmount ave

JUL 31 1917 Filed ....., 191.... HARRY O. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 31, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1917, to July 31 1917, that I saw h— alive on July 29, 1917, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

about 1 (Duration) yrs. ..... mos. ..... ds

Contributory (SECONDARY) Tuberculous Intoxication

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Denlon M. D.

July 31, 1917 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Aug 3 1917

20-UNDERTAKER: Martin Fahey & Sons — ADDRESS: 606 Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7185

CERTIFICATE OF DEATH.

79 D 7185

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Edmondson Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rufus Emory Enniss.

(Residence in Baltimore: No. 1721 Edmondson Ave St.; 35 yrs., — mos. — ds.)

AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Dec. 21, 1843 (Month) (Day) (Year)

7-AGE, 73 yrs. 7 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Salesman Old
(b) General nature of industry, business, or establishment in which employed (or employer) Dry goods.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Rufus McK. Enniss

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Martha Jones

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Martha Enniss

(Address) 1721 Edmondson Ave

15- JUL 31 1917 Filed ....., 191... HARRY O. ANDREWS Burial Permit Oleck Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 30, 1917, to July 29 1917, that I saw h[illegible] alive on July 29 1917, and that death occurred, on the date stated above, at 5.45 a.m.

The CAUSE OF DEATH* was as follows:

a. Chronic Myocarditis.

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary) associate Arteriosclerosis

(Duration) ...yrs...mos...ds.

(Signed) H. K. Carlton M. D.

July 30, 1917. (Address) 1426 Mawdsley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State ... yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL Green Mount Cemetery DATE OF BURIAL, Aug 1 1917

20-UNDERTAKER Stewart Warren Co ADDRESS, 1080 W North Ave

Spec.—8-24-14—M. & S.—2000 Blks.

D 7186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 ✓ D 7186

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 S. Gilmore ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Oscar Biggs

(Residence in Baltimore: No. 434 S. Gilmore St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, October 24, 1916 (Month) (Day) (Year)

7-AGE, — yrs. 9 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Child 000

9-BIRTHPLACE, (State or Country), Balto md.

PARENTS.

10-NAME OF FATHER, Oscar E. Biggs.

11-BIRTHPLACE OF FATHER (State or Country). Tenn.

12-MAIDEN NAME OF MOTHER Catherine Walter

13-BIRTHPLACE OF MOTHER (State or Country), Balto md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oscar E. Biggs

(Address) 434 S. Gilmore

15-

Filed....., 191.....

HARRY D. ANDREWS
Clerk
Registrar.

JUL 31 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 27 1917, to July 31 1917, that I saw him alive on July 30 1917, and that death occurred, on the date stated above, at 3402 m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. E. Brumbach M. D.

7-30, 1917 (Address) 1327 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Pk

DATE OF BURIAL, Aug 1, 1917

20-UNDERTAKER Wm Cook

ADDRESS 5032 E. North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+108

REGISTERED NO. D C 7187

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Ella Watt,

(Residence in Baltimore: No. Catonsville Md. St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1877
(Month) (Day) (Year)

7-AGE, 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

560

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, James Watt

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital

(Address) Green & Lombard

15-

JUL 31 1917 HARRY C. ANDREWS

Filed ....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to July 30 1917, that I saw h[illegible] alive on July 30 1917, and that death occurred, on the date stated above, at 2.55 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Appendix

(Duration) yrs. mos. 4 ds.

(Signed) [illegible] M. D.

7/30, 1917 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. 40 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Catonsville, Md.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug 1, 191 7

20-UNDERTAKER John O. Whitsell — ADDRESS 1201 W. Fayette St

over

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Exact statement of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—8-24-14—M. & T.—2000 Bks.

D 7183

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 ✓ D 7188

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1755 N Gay ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Miller Hartling

(Residence in Baltimore: No. 1755 N Gay St.; yrs. 2 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 1 (Day), 1915 (Year)

7-AGE, ...yrs. 2 mos. 30 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER. John Hartling

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Ethel Fogwell

13-BIRTHPLACE OF MOTHER (State or Country). Chestertown Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hartling

(Address) 1755 N. Gay

15-

Filed JUL 31 1917, 191.... HARRY C. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29 1917, to July 30 1917, that I saw him alive on July 29 1917, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) B. P. Henry M. D.

July 31, 191.7 (Address) 1305 N Patterson Pk Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Aug. 1, 191.7

20-UNDERTAKER Stephen J. Fealy & Son — ADDRESS 1019 Hollins

NOTE.—Cause of death should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7189

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 D 7189

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Denison ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Joseph Smith

(Residence in Baltimore: No. 607 Denison St.; 39 yrs. 10 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	white	Married

6-DATE OF BIRTH Sept-9 1877
(Month) (Day) (Year)

7-AGE 39 yrs. 10 mos. 21 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer) 029

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER Geo J. Smith

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Sarah Jane Esterly

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo J Smith Jr

(Address) 604 Denison st-

15- HARRY C. ANDREWS

Filed JUL 31 1917 191 ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 7 (Month) 30 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July, 1916, to, July 30 1917, that I saw h... alive on July 29 1917, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis.

(Duration) 1 yrs. ... mos. ... ds.

Contributory (SECONDARY) Uraemic Coma

(Duration) ... yrs. ... mos. 1 ds.

(Signed), Franklin H Erb M. D.

..., 191... [Address] 330 N Charles st-

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL New Cathedral Cem. DATE OF BURIAL Aug 2. 1917

20-UNDERTAKER Geo J Smith ADDRESS 1000 W Fayette st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

D 7190 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7190

CERTIFICATE OF DEATH.

X182

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Joseph Hospital ST. 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bass Dennis

(Residence in Baltimore: No. St. Joseph Hospital yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, July (Month) 13 (Day) 1869 (Year)

7-AGE, 48 yrs. mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Balto Co 086

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frank Dennis

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Rice

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ada Dennis Wife

(Address) Edgemere Station Balto Co Md.

15- JUL 31 1917 HARRY C. ANDREWS

Filed ....., 191.... Local Registrar.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stomach Cancer

Prior shock in chair

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. Guyton (Coroner) M. D.

July 31, 1917 (Address) 4 E. Lex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Edgemere

Former or usual residence Edgemere Baltimore Co Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	Aug 1, 1917
20-UNDERTAKER	ADDRESS
Armstrong & Denny Co	715 E Lt St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 D 7191

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Woodall

(Residence in Baltimore: No. 115 N. Fulton Ave St.; 30 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 12, 1860
(Month) (Day) (Year)

7-AGE, 57 yrs. 4 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~~None~~
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Edward E. Woodall

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Malsbarger

13-BIRTHPLACE OF MOTHER (State or Country). Philadelphia Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adele V. Woodall

(Address) 1809 Gilpin Ave Wilmington Del

15-

Filed JUL 31 1917, 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 26 1917, to July 31 1917, that I saw her alive on July 31 1917, and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Cancer of the Sigmoid Colon

(Duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) Ch Intestinal Obstruction (Duration) yrs. mos. 8 ds.

(Signed) W. J. Eagan M. D.

July 31 191.. (Address) St Jos Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 57 yrs. mos. 5 ds. In the State 57 yrs. mos. ds.

Where was disease contracted, if not at place of death? Balt Md

Former or usual residence 115 N Fulton Ave

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Aug 2, 191.7

20-UNDERTAKER John C. Mitchell — ADDRESS 1201 W Fayette

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—200C Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7192

D 7192

28 ✓

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2630 Eutaw ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry H Anderson

(Residence in Baltimore: No. 2630 Eutaw St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, November 25, 1885 (Month) (Day) (Year)

7-AGE, 31 yrs. 8 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self

9-BIRTHPLACE, (State or Country), Phila. Pa

PARENTS.

10-NAME OF FATHER, John B anderson

11-BIRTHPLACE OF FATHER (State or Country), Phila Pa

12-MAIDEN NAME OF MOTHER Libertin Siebert

13-BIRTHPLACE OF MOTHER (State or Country), Phila. Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Chas anderson

(Address) 2630 Eutaw St

15-

JUL 31 1917

Filed....., 191... HARRY C. ANDREWS ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10 191 7, to July 30 191 7, that I saw h me alive on July 28 191 7, and that death occurred, on the date stated above, at 12.30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. 2 mos. ds.

(Signed) Asa L Wessells M. D.

July 31 191 7 (Address) 2575 Frederick Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Aug. 1, 1917

20-UNDERTAKER Geo. L. Schwab & Bro. — ADDRESS 101 Eutaw Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7193

CERTIFICATE OF DEATH.

104

D 7193

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1471 Stevenson ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Retz

(Residence in Baltimore: No. 1471 Stevenson St.; ..... yrs. 1 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 6 (Day), 1917 (Year)

7-AGE, ... yrs. 2 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Michael Retz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Mary Geizer

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Retz

(Address) 1471 Stevenson St

15- Filed ..... JUL 31 1917, 19.. HARRY C. ANDREWS ..... Registrar.

JUL 31 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 19 1917, to July 31 1917, that I saw her alive on July 30 1917, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Gastro enteritis

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Same

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Willis Stifler M. D.

7/31, 1917 (Address) 319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	Aug 1, 1917
20-UNDERTAKER W. M. Cook	ADDRESS 532 E North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7194

CERTIFICATE OF DEATH.

43

D 7191

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 N. Regester ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ellen Hardy

(Residence in Baltimore: No. 1915 N. Regester St.; ..... yrs., ... mos. ..... da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should also fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept (Month) 20 (Day), 1868 (Year)

7-AGE,	If LESS than 1 day,
48 yrs. 10 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John William

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Julia Dunk

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Williams

(Address) 1823 N. Register

15-

Filed ....., 191.....

JUL 31 1917

HARRY C. ANDREWS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 21 1917, to July 30 1917, that I saw h.r alive on July 29 1917, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis of Brain

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Carcinoma of breast

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Sarah Frank M. D.

July 30 1917 (Address) 1823 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Aug 2, 1917

20-UNDERTAKER	ADDRESS
William Cook	507 E North Ave

D 7195

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

61 XV

D 7195

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. 2137 Penrose Ave ST.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and ward No. 18.)

2-FULL NAME Wm. F. Wagner

(Residence in Baltimore: No. 2137 Penrose Ave St.; yrs. 7 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec (Month) 15 (Day), 1916 (Year)

7-AGE: ..... yrs. 7 mos. 16 ds.

If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: Philip F Wagner

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: May Bacon

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Philip F. Wagner

(Address) 2137 Penrose Ave

15.

AUG 1 - 1917, 191

HARRY O. ANDERSON
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 31st (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 29, 1917, to July 31 1917, that I saw him alive on July 31st 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal meningitis (Epidemic)

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Benj. Kadan M. D.

July 31, 1917. (Address) 252 N. Payson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cem	8/1/17, 191
20-UNDERTAKER: George A Lisby	ADDRESS: Fulton & Fayette

9 a.m.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 7196

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

Balto. Md.

1 PLACE OF DEATH 601 N. Calvert St.

151 D 7196

REGISTERED No. C .....

CITY OF BALTIMORE (No. 601 N. Calvert St., ST.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beverly Marguerite Williams

(Residence in Baltimore: No. 601 N. Calvert St.: ..... yrs. ..... mos. 7 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 13, (Day) 1917 (Year)

7-AGE: ..... yrs. ..... mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 00

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Vernon Williams

11-BIRTHPLACE OF FATHER (State or country): Michigan

12-MAIDEN NAME OF MOTHER: Marian Lever.

13-BIRTHPLACE OF MOTHER (State or country): Michigan

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Vernon Wilbon

(Address) 601 N Calvert St

15-

Filed AUG 1 - 1917 ROBERT R. KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 31 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Birth, 191., to July 31 191 7

that I saw her alive on July 25 - 191 7

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Two months prematurity and insanition

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Heat

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) D. P. Morse M. D.

July 31 191 7 (Address) 1039 Edmondson Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Aug 1 1917
20-UNDERTAKER	ADDRESS
Wilbur W Shriver	1054 Edmondson Av.

D 7197.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 7197.
REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 127 S. Caden ST. 18 WARD)
2-FULL NAME Thomas S Briggs
(Residence in Baltimore: No. Sanatoga near Arlington Av (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, June (Month) ..... (Day), 1876 (Year)

7-AGE, 41 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country), Md.

PARENTS.
10-NAME OF FATHER, John Spriggs
11-BIRTHPLACE OF FATHER (State or Country), Md
12-MAIDEN NAME OF MOTHER, Elizabeth Harrid
13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Eliza Thomson
(Address) 224 N Hamburg

15- AUG 1 1917
Filed ....., 191.....
ROBERT B. CHANLER
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Cardiac Disease
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Intestinal
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) H A Kelly (Coroner.) M. D.
July 31, 1917. (Address) 1137 Bank

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 2, 1917
20-UNDERTAKER John H. Toadvin — ADDRESS 193 Eastern Av

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 D 7198

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 N. Eutaw ST.; 11 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Payton

(Residence in Baltimore: No. 932 N Eutaw St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... June ..... (Month) ..... (Day), 1913 (Year)

7-AGE, 4 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... 000 .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Harry Payton

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lucy Ward

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Taylor

(Address) 932 N. Eutaw St

15-

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 7 (Month) ..... 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7-27-17 191..., to 7-30-17 191..., that I saw h.. alive on ..... 191..., and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro enteritis

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Heat, diet

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) H. M. Carson M. D.

7-30-17, 191... (Address) 1524 Druid Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 1 191 7

20-UNDERTAKER John H Scudam — ADDRESS 1423 Eutaw St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 1 - 1917 ROBERT P. FORMAN Burial Permit

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7199

CERTIFICATE OF DEATH.

104 D 7199

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 N Carolina ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary P Forrest

(Residence in Baltimore: No. 630 N Carolina St.; ....yrs....mos....ds.)

R. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) January (Day) 1 (Year) .....

7-AGE, ...yrs. 8 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, George Forrest

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna Forrest

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Forrest

(Address) 630 N Carolinest

15-

Filed....., 191.....

ROBERT B. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) July (Day) 30, (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to July 30 1917, that I saw her alive on July 29 1917, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Gastro - Enteritis

..... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Intestinal Catarrh

..... (Duration) ....yrs. ....mos. 2 ds.

(Signed) J C O'Connor M. D.

July 31, 191.. (Address) 1520 Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery DATE OF BURIAL, Aug 1, 191 7

20-UNDERTAKER P C Zell ADDRESS 1405 McElderry

Spec.—8-24-14—M. & T.—2000 Bks.

Donald Alp

D 7200

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7200

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH St. Vincents Inf. Asylum REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1401 Division ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Donald Alp

(Residence in Baltimore: No. 1401 Division St.; ..... yrs., 7 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE, Wht,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) +

6-DATE OF BIRTH, July 31, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... X .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... X .....

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country), Unknown,

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonard M. C. Parker

(Address) 1114 Harford ave,

15-

Filed AUG 1 - 1917, 191.....

ROBERT R. KRAUTER
DEPUTY REGISTRAR
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29, 1917, to July 31, 1917, that I saw him alive on July 31, 1917, and that death occurred, on the date stated above, at 5:50 p.m.

The CAUSE OF DEATH* was as follows:

Summer Diarrhea.

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) None

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Leonard M. C. Parker M. D.

July 1, 1917. (Address) 1114 Harford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 6 ds. In the State ..... yrs. 1 mos. 6 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Cathedral — DATE OF BURIAL, Aug. 1, 1917

20-UNDERTAKER A. Fahey & Son — ADDRESS 601 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P

D 7201

HEALTH DEPARTMENT—CITY OF BALTIMORE

105 ✓ D 7201

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1104 Woodley ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Thomson

(Residence in Baltimore: No. 1104 Woodley St.; yrs., mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1877
(Month) (Day) (Year)

7-AGE, 40 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 086

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Thompson

(Address) 1104 Woodley St

15- AUG 1 - 1917

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dysentery

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Chronic Colitis

(Duration).....yrs.....mos.....ds.

(Signed) E. G. Mitchell M. D.
(Coroner.)

Aug 2, 1917, (Address) 19 E. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Leatherbark — DATE OF BURIAL, August 1, 19[illegible]

20-UNDERTAKER Martin Saker & Son — ADDRESS 606 Lafayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7202

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 S. Durham St.; 2 WARD) REGISTERED No. C

2-FULL NAME Frank Weiner

(Residence in Baltimore: No. 119 S Durham St.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 7 (Day), 1917 (Year)

7-AGE, yrs. 2 mos. 14 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Infant 000

(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Bath

PARENTS.

10-NAME OF FATHER, Frank Wiener

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Pauline Hartung

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Weiner

(Address) 119 S. Durham

15-

Filed ..... 191.....

Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should take care that CAUSE OF DEATH is properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22 1917, to July 31 1917, that I saw him alive on July 30 1917, and that death occurred, on the date stated above, at 4 12 m.

The CAUSE OF DEATH* was as follows:

Gastero-Enteritis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Gastero-Enteritis

(Duration) yrs. mos. 14 ds.

(Signed) Geo. Heller M. D.

8-1-, 191.7. (Address) 1937 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Aug. 1, 191.7

20-UNDERTAKER Windell Doppelt — ADDRESS 378 Pa

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7203

CERTIFICATE OF DEATH.

104 D 7203

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Portugal ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Mengele

(Residence in Baltimore: No. 2210 S. Portugal St.; ...yrs., 10 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, October 1, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. 30 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer). 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Ulrich Mengele

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ulrich Mengele

(Address) 2210 Portugal St.

15-

Filed ..., 191... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 29 1917, to July 31 1917, that I saw h[illegible] alive on July 1917, and that death occurred, on the date stated above, at 2 30 p.m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) ...yrs. 3 mos. ...ds.

CONTRIBUTORY (Secondary) Auto intoxication

(Duration) ...yrs. 2 mos. ...ds.

(Signed) H. Tomaszewski M. D.

July 31, 191.7 (Address) 2431 Fait[illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	August 1 191...
20-UNDERTAKER	ADDRESS
Kendall Dyer & Sons	373 Ann St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

D 7201

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

105 D 7201

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 542 W. Mulberry St.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma E Johnson

(Residence in Baltimore: No. 542 W. Mulberry St.: 3 yrs. 6 mos. 26 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Fem	Col	Single

6-DATE OF BIRTH February 5, 1914 (Month) (Day) (Year)

7-AGE 3 yrs. 5 mos. 26 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Savannah, Ga.

PARENTS

10-NAME OF FATHER Edward Johnson

11-BIRTHPLACE OF FATHER (State or country) South N.C.

12-MAIDEN NAME OF MOTHER Viola Williamson

13-BIRTHPLACE OF MOTHER (State or country) Savannah, Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Johnson

(Address) 542 W. Mulberry St

15 Filed AUG 1 - 1917, 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July 31, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1917, to July 31 1917, that I saw her alive on July 31, 1917, and that death occurred, on the date stated above, at 11:30 P.m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. B. Cronin M. D.

....., 191..... (Address) Preventive Med. Dept. Health

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemty	Aug 1, 1917
20-UNDERTAKER	**ADDRESS**
Charles B Jones	235 N Pine St

D 7205

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 7205

CERTIFICATE OF DEATH

104

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 616 Colfitt St ST.: 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Palmer

(Residence in Baltimore: No. 614 Collett St ST. ... yrs. 7 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH Jan 17, 1917 (Month) (Day) (Year)

7-AGE ... yrs. 9 mos. 13 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE (State or country) Balto md

PARENTS

10-NAME OF FATHER Washington Palmer

11-BIRTHPLACE OF FATHER (State or country) Va

12-MAIDEN NAME OF MOTHER Mary Harell

13-BIRTHPLACE OF MOTHER (State or country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Palmer

(Address) 616 Collett St

15

Filed AUG 1 - 1917, 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH July 31, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 26, 1917, to, July 31, 191..., that I saw h-- alive on July 26, 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ... yrs. ... mos. 3 ds

Contributory (SECONDARY) Heart exhaustion

(Duration) ... yrs. ... mos. 2 ds.

(Signed), Dr Martin M. D.

July 31, 1917 (Address) 2008 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Aug 1st, 1917

20-UNDERTAKER: Joseph A Farrell — ADDRESS: 2318 Pennsylvania Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

D 7206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7206

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hopkins Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Sarah E. Ewing.

(Residence in Baltimore: No. St Helena. St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Fem	Wh	Widow

6-DATE OF BIRTH, ... (Month) Nov 31 (Day), 1825 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housekeeper

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER. Edw W. Ewing

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Sarah E Ewing

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Sarah E. Ewing

(Address)..... Balto Cor Wilkins & Spring Ave St Helena

15- AUG 1 - 1917 ROBERT R. KRAUTER

Filed..... 191.... Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration).....yrs.....mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

..... (Duration).....yrs.....mos.....ds.

(Signed)..... M. D.
(Coroner)

July 1, 1917 (Address) 1 East Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 10 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?..... St Helena

Former or usual residence... St Helena Md

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cem	Aug 2, 1917
20-UNDERTAKER	ADDRESS
J Herring & Co	208 Aliceanna

D 7207.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 D 7207.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1509 Hanover St.; 25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theo. W. McKeir

(Residence in Baltimore: No. 1509 Hanover St.; 70 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: April 30th (Month) (Day), 1848 (Year)

7-AGE: 69 yrs. 3 mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Yard Master 073
(b) General nature of industry, business, or establishment in which employed (or employer): Balt. Belt Ry. Co.

9-BIRTHPLACE (State or country): Washington D. C.

PARENTS

10-NAME OF FATHER: John W. McKeir

11-BIRTHPLACE OF FATHER (State or country): Washington D. C.

12-MAIDEN NAME OF MOTHER: Mary Carey

13-BIRTHPLACE OF MOTHER (State or country): Washington D. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie B. Sandman

(Address) 1509 Hanover St.

15- AUG 1 - 1917. ROBERT B. BRAUER, Registrar

Filed ..... 191 ..... Burial Permit .....

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 29 n. (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12", 1917, to, July 29" 1917, that I saw him alive on July 29, 1917, and that death occurred, on the date stated above, at 9 15 m.

The CAUSE OF DEATH* was as follows:

Injuries of Eyes

(Duration) 1 yrs. mos. 7 ds.

Contributory (SECONDARY): Arteriosclerosis

(Duration) 9 yrs. 6 mos. ds.

(Signed), Allen Burns M. D.

July 31", 1917. [Address] 1238 Hanover

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: Aug. 1st 1917

20-UNDERTAKER: E. Schumacher & Son ADDRESS 1039 Hanover St

Spec.—8-24-14—M. & T.—2000 Blks.

D 7208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

20 D 7208

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 24 St.; REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav Sundstrum

(Residence in Baltimore: No. 1704 E. Fort Ave. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June 6th (Month) (Day), 1885 (Year)

7-AGE, 32 yrs. 1 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Balto. Dry Docks Co.

9-BIRTHPLACE, (State or Country) Sweden

PARENTS.

10-NAME OF FATHER, Chas. Sundstrum

11-BIRTHPLACE OF FATHER (State or Country), Sweden

12-MAIDEN NAME OF MOTHER Emma Champer

13-BIRTHPLACE OF MOTHER (State or Country), Sweden

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. C. Childs M.D.

(Address) Md. General Hosp.

15-

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31st (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27th 1917 to July 30th 1917, that I saw h.m alive on July 31st 1917, and that death occurred, on the date stated above, at 10 30 A.m.

The CAUSE OF DEATH* was as follows:

Septic pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Streptococcus cellulitis of left elbow joint.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. C. Childs M. D.

8/31, 191.7 (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, Aug 1, 191.7

20-UNDERTAKER Robert Boorkman — ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 1 1917 ROBERT P. KNAPPER

OK Issued Blake Com of Health 2000

Spec.—6-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7209

CERTIFICATE OF DEATH.

120 ✓ D 7209

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. Hahnemann Hosp. General St.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edonia E. Pratt.

(Residence in Baltimore: No. 40 S. Arlington Ave. St.; 7 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, February 22, 1845 (Month) (Day) (Year)

7-AGE, 72 yrs. 5 mos. 10 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brush Mfg.
(b) General nature of industry, business, or establishment in which employed (or employer): Carroll Bros.

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Howard W. King

(Address) 2024 N. Smallwood St.

15-

Filed AUG 1 - 1917, 191.....

ROBERT E. KRAUTZ
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1916, to Aug 1 1917, that I saw h[illegible] alive on July 31 1917, and that death occurred, on the date stated above, at 4.1 m.

The CAUSE OF DEATH* was as follows:

Heart Prostration

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Colitis

Arterial Sclerosis (Duration) ..... yrs. 15 mos. ..... ds.

(Signed) C. J. Davies M. D.

Aug 1, 1917. (Address) 800 W 33rd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Aug 3, 1917.

20-UNDERTAKER Jos B Cook

ADDRESS 1039 Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7210

CERTIFICATE OF DEATH.

28 D 7210

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 W. Baltimore ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Mercer

(Residence in Baltimore: No. 700 W Baltimore St.; 67 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.): Widower

6-DATE OF BIRTH, July (Month) ..... (Day), 1850 (Year)

7-AGE, 67 yrs. 1 mos. ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas Mercer

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Jane Morrow

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mae Miller

(Address) 2204 Eutaw Place

15-

Filed AUG 1 - 1917, 191.... ROBERT R. KRAUTER Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jul 27 1917, to Aug 1 1917, that I saw h.. alive on Jul 31 1917, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Edema

(Duration) yrs. 5 mos. ds.

(Signed) J. M. Lampson M. D.

Aug 1, 191 7 (Address) 826 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State ... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park DATE OF BURIAL, Aug 3, 191 7

20-UNDERTAKER J. R. Cook ADDRESS 1413 W. Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7211

CERTIFICATE OF DEATH.

29 D 7211

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Park Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Eugene Harvey

(Residence in Baltimore: No. 1820 Park. Ave St.; life yrs.. mos.. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 12 (Day), 1852 (Year)

7-AGE, 65 yrs. 5 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Engraver 686
(b) General nature of industry, business, or establishment in which employed (or employer)..... Fancy grocer

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas P. Harvey

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mathew Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frank E. Gorrell

(Address) 1820 Park Ave

15- AUG 1 - 1917

Filed....., 191.....

ROBERT R. KRAFFT
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31st (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6th 1917, to July 31st 1917, that I saw h im alive on July 30th 1917, and that death occurred, on the date stated above, at 8.45a m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart - pulmonary Oedema (Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Myocardial degeneration arterio sclerosis (Duration) yrs. 3 mos. ds.

(Signed) Carlos F. Mitchell M. D.

July 31st, 1917. (Address) 9 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park | DATE OF BURIAL, Aug 2, 1917

20-UNDERTAKER John O Mitchell | ADDRESS 251 W Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 7212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 7212

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N. Bruce ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Burns

(Residence in Baltimore: No. 107 N. Bruce St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, ..., 1857.
(Month) (Day) (Year)

7-AGE, 60 yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic 970
(b) General nature of industry, business, or establishment in which employed (or employer)..... work

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Daniel Lucas

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. C. McConn.

(Address) 666 W. Franklin St

15- Filed AUG 1 - 1917 191.....

ROBERT B. KRAUTER
Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1917, to July 31 1917, that I saw her alive on July 30 1917, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

..... (Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) Unknown yrs. ....mos. ....ds.

(Signed) M. A. Preiss M. D.

July 31, 1917. (Address) 108 N Dutton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Aug 2, 1917.

20-UNDERTAKER Felix R Pyt

ADDRESS 1025 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7213

HEALTH DEPARTMENT—CITY OF BALTIMORE

62 D 7213

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 N Lombard ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ray A. Crowson

(Residence in Baltimore: No. 931 N Lombard St.; 46 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 8, 1870.
(Month) (Day) (Year)

7-AGE, 46 yrs. 7 mos. 23 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Noah Gaylard

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Rachael Cohlert

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. D. Thomas M.D.

(Address) 330 N Charles St.

15-

Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1917, to July 30 1917, that I saw h[illegible] alive on July 31 1917, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Paro-Tabetic Neurasthenia

..... (Duration) 2+ yrs. ..... mos. ..... ds.

CONTRIBUTORY.....
(Secondary)

Nuerasthenia (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) J. D. Thomas M. D.

July 31, 1917. (Address) 330 N Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, Aug 2, 1917.

20-UNDERTAKER John J. Fields — ADDRESS 1300 W Lombard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7214 ✓ D 7214

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Battery Ave. ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M. Ervin

(Residence in Baltimore: No. 1105 Battery Ave. St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, April 9, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John E. Ervin

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Woodyard

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Ervin

(Address) 1105 Battery Ave

15-

Filed AUG 1 1917 ROBERT B. KRAFFT Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1917, to July 31 1917, that I saw h... alive on July 31 1917, and that death occurred, on the date stated above, at 6 4 m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs. ....mos. 1 ds.

(Signed) L. L. Campbell M. D.

July 31, 1917. (Address) 1064 Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, CEDAR HILL. DATE OF BURIAL, AUG 2 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7215

CERTIFICATE OF DEATH.

40 D 7215

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 4007 Frederick Ave ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto Hohenkamp

(Residence in Baltimore: No. 4007 Frederick Av St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 13, 1859
(Month) (Day) (Year)

7-AGE, 57 yrs. 9 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Poultry Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) 1045

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Gottlieb Hohenkamp

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Uhlmann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Hohenkamp

(Address) 4007 Frederick Av

15-
Filed AUG 1 - 1917, 191.....
ROBERT R. KRAUTH
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1917, to July 30 1917, that I saw h.. alive on July 29 1917, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Exhaustion (Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Howard W Jones M. D.

July 31, 1917. (Address) Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, July 31st, 1917

20-UNDERTAKER, G B Stephens — ADDRESS 1235 Fredk Av

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7216 28 D 7216

CERTIFICATE OF DEATH.

D 7216

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 N. Streeper ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Angelo.

(Residence in Baltimore: No. 812 N. Streeper St.; 15 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1898 (Year)

7-AGE, 21 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) D.3.7

9-BIRTHPLACE, (State or Country), Bohemia.

PARENTS.

10-NAME OF FATHER, John Vacoska

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dominic Angelo

(Address) 812 Streeper St.

15- AUG 1 - 1917 Filed ....., 191.....

ROBERT R. KRAWEE
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) – 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9 – 20 1916, to 7-31 1917, that I saw h.. alive on 7-31 1917, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary
..... Tuberculosis
..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary T.B.

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) P. D. Saunders M. D.

8 – 1, 1917 (Address) 160 W. Lindenw...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Farmer or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem

DATE OF BURIAL, Aug. 1, 1917.

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 B Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7217. 105 D 7217

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 S. Patterson Park ave ST.; 1 WARD) REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin V. Weitzel

(Residence in Baltimore: No. 432 S. Patterson Park St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 26, 1855
(Month) (Day) (Year)

7-AGE, 62 yrs. 4 mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Saloon
(b) General nature of industry, business, or establishment in which employed (or employer) 043

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Weitzel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Hamman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Salama Weitzel

(Address) 432 S. Patterson Park

15- Filed AUG 1 - 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15, 1917, to July 30 1917, that I saw h.. alive on July 30 1917 and that death occurred, on the date stated above, at 1915 P m.

The CAUSE OF DEATH* was as follows:

Cellulitis

(Duration) ....yrs. ....mos. 16 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas V. Miller M. D.

7/31/17, 191... (Address) 408 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oaklawn — DATE OF BURIAL, Aug 2, 191.7

20-UNDERTAKER Junkler & Junkler — ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7218

CERTIFICATE OF DEATH.

104 D 7218

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 818 S. Milton Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anniela C. Balcerowicz

(Residence in Baltimore: No. 818 S. Milton St.; ...yrs., 1 mos. 9 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. ..... June (Month) 23 (Day), 1917 (Year)

7-AGE.	If LESS than 1 day,
...yrs. 1 mos. 7 ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... " 000

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER. Czeslaw Balcerowicz

11-BIRTHPLACE OF FATHER (State or Country). Poland

12-MAIDEN NAME OF MOTHER Josefa Dombrowska

13-BIRTHPLACE OF MOTHER (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... C. Balcerowicz

(Address)..... 818 S. Milton Ave

15-

Filed ..... AUG 1 1917 ..... 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 1917, to July 31 1917, that I saw her alive on July 31 1917, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

..... Enteric Colitis

.....

..... (Duration)...yrs...mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

..... (Duration)...yrs. 0 mos.....ds.

(Signed) W. J. Roarty M. D.

July 31, 1917 (Address) 2008 Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt. Olivet

DATE OF BURIAL. July ..., 191...

20-UNDERTAKER J. F. Faulkner

ADDRESS- 1613 E. Eager

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7219

CERTIFICATE OF DEATH.

104 D 7219

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Hudson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Krawczyk

(Residence in Baltimore: No. 2406 Hudson St.; 1 yrs., 5 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Not Known, 1916 (Month) (Day) (Year)

7-AGE, 1 yrs. 5 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... " 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Peter Krawczyk

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Julia Skamuta

13-BIRTHPLACE OF MOTHER (State or Country), Buffalo N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Krawczyk

(Address) 2406 Hudson.

15-

Filed AUG 1 - 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21, 1917, to July 31 1917, that I saw h.. alive on July 31 1917, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) ca yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Autointoxication

(Duration) ca yrs. 3 mos. ds.

(Signed) Dr. H. Jannsen M. D.

August 1, 1917. (Address) 243 Forest

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Aug. 2, 191.7

20-UNDERTAKER Wm. Frankowski's — ADDRESS 16 Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

D 7220

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7220

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Darlington ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mickey A. Blum

(Residence in Baltimore: No. 6 Darlington Av. St.; 51 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 13, 1852 (Month) (Day) (Year)

7-AGE, 65 yrs. 2 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): for himself

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Blum.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Florentina Nest.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank C. Blum

(Address) 6 Darlington Av.

15-

Filed AUG 1 - 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1917, to July 31 1917, that I saw h alive on July 31 1917, and that death occurred, on the date stated above, at 1130A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(Duration) 2 yrs. ..... mos. 2 ds.

(Signed) R. C. Campbell M. D.

July 31 191.7 (Address) 1644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Aug. 3., 191.7.

20-UNDERTAKER Jos Block — ADDRESS 1003 Balt

MM 5693

Lucy Waters

D 7221

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 7221

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1518 Presstman ST. 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Waters

(Residence in Baltimore: No. 1518 Presstman St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col	Single

6-DATE OF BIRTH, June 21, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Russell Waters

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lucy Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Mitchell

(Address) 1518 Presstman St.

15- AUG 1 - 1917

Filed....., 191.... ROBERT E. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 29, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) ....yrs. 6 mos. ....ds.

(Signed) [illegible] M. D.
(Coroner.)

4307 (Address) 1519 Presstman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery

DATE OF BURIAL, Aug 1, 1917

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Presstman St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7222

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7222

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 E. Franklin ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irma Warther

(Residence in Baltimore: No. 118 E Franklin St.; X yrs., 7 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Dec 22, 1916 (Month) (Day) (Year)

7-AGE, X yrs. 7 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Edward Warther

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Wilhemina Becker

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Wilhemina Warther

(Address)..... 118 E. Franklin St

15-

Filed....., 191.... HARRY C. ANDREWS Registrar.

AUG 1 - 1917

AUG 1 - 1917 Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31st, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 1916, to July 24th 1917, that I saw h.. alive on July 24 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

..... (Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) H. J. Jenkins M. D.

....., 191... (Address) 119 N. Milton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Pauls Luth Cem. DATE OF BURIAL, Aug 3, 1917

20-UNDERTAKER Wm A. Rohde Son ADDRESS 730 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7223

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7223

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. St Josephs Hosp ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C. Mc Grigan

(Residence in Baltimore: No. 600 Hanover St. St.; 28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, July 22 1865
(Month) (Day) (Year)

7-AGE, 52 yrs., 6 mos., 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer) 088

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Mc. Grigan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M. Hamilton

(Address) 600 S. Hanover st

15-

Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 1917, to July 30 1917, that I saw h alive on July 31 1917, and that death occurred, on the date stated above, at 4.15a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) 10 yrs. 6 mos. 7 ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(Duration) yrs. mos. 7 ds.

(Signed) H. Merkel M. D.

July 31, 1917. (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 28 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 600 Hanover St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, July 2, 191.7

20-UNDERTAKER T. A. Kraus

ADDRESS 703 S Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7221

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7221

CERTIFICATE OF DEATH.

50

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Aisquith ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes. C. Athmann

(Residence in Baltimore: No. 1000 Aisquith St.; 61 yrs., 2 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May 16, 1856 (Month) (Day) (Year)

7-AGE, 61 yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Casper Fell

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Hartman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Clemen Athmann

(Address) 1000 Aisquith St

15- Filed AUG 1 - 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 1st, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31, 1917, to Aug. 1st, 1917, that I saw her alive on Aug. 1st, 1917, and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Coma Diabeticum caused by

Abnormal Heart

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

(Duration) 4 yrs. ... mos. ... ds.

(Signed) F. J. Pelz M. D.

Aug. 1st, 1917. (Address) 1000 Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemy DATE OF BURIAL, Aug 3, 1917

20-UNDERTAKER Amey & Hoerth Cor ADDRESS 1301 E Eag ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 7225

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 Lamont Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Kessler

(Residence in Baltimore: No. 1632 Lamont Ave St.; 64 yrs., \ mos. \ ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. Not Known ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE. about 80 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Ehrhart Deuerling

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Hoffman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Annie Wilson

(Address) 1632 Lamont Ave

15- AUG 1 - 1917

Filed....., 191.... MARY C. ANDREWS Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July ..... (Month) 31 ..... (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1910, to July 31 1917, that I saw her alive on July 20 1917, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo Geddes M. D.

8/1/17, 191... (Address) 321 E 25th.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery	Aug. 3, 191.7
20-UNDERTAKER	ADDRESS
Henry Horn Son	1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7226

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph McLaughlin

(Residence in Baltimore: No. 1525 N. Saratoga St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	black	Single

6-DATE OF BIRTH, ... Unknown, ... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
21 yrs. ..... mos. ..... ds.	....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundry man.
(b) General nature of industry, business, or establishment in which employed (or employer)..... 041

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, (adopted)

11-BIRTHPLACE OF FATHER (State or Country), Do not Know

12-MAIDEN NAME OF MOTHER Do not Know

13-BIRTHPLACE OF MOTHER (State or Country), Do not Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J. J. Roberts.....

(Address)..... Md General Hospital.....

15-

Filed....., 191.....

HARRY C. ANDREWS
DEPUTY FOR
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug. (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 1917, to Aug 1 — 1917, that I saw him alive on July 31 1917, and that death occurred, on the date stated above, at 5A. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

..... (Duration) ..... yrs. ..... mos. 19 ds.

CONTRIBUTORY. (Secondary) Intestinal Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. Jaffee M. D.

Aug 1, 1917 (Address) Md General Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 19 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1525 N. Saratoga St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL	AUG 1 1917, 191...
20-UNDERTAKER	ADDRESS

CAUSE OF DEATH should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7227.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7227

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 814 E Broadway ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Peart

(Residence in Baltimore: No. 814 E Broadway St.; yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... March ....., 1 ..... (Month) (Day) (Year)

7-AGE, ... 57 ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

243

9-BIRTHPLACE, (State or Country), Maine

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Lee

(Address) 814 E Broadway

15-

AUG 1 - 1917

Filed ....., 191.... HARRY C. ANDREWS

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug 1 ....., 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Heart

..... (Duration).....yrs.....mos.....ds.

(Signed) J. Henry Lyon Chas E. M. D. Coroner.

Aug ....., 191.7 (Address) 1620 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Evangelical	Aug. 3., 1917.
20-UNDERTAKER	ADDRESS
H. Sands & Sons	1210 Eutaw

Spec.—8-24-14—M. & T.—2000 Blks.

D 7228

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7228

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 S Ellwood ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Duhan

(Residence in Baltimore: No. 814 S Ellwood St.; 25 yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May 8, 1849
(Month) (Day) (Year)

7-AGE, 68 yrs. 2 mos. 23 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), Hungary

PARENTS.

10-NAME OF FATHER, John Duhan

11-BIRTHPLACE OF FATHER (State or Country), Hungary

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Duhan

(Address) 814 S Ellwood Ave

15- AUG 1 - 1917 HARRY C. ANDREWS

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1917, to Aug 1 1917, that I saw h[illegible] alive on Aug 1 1917, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) X yrs. X mos. ..... ds.

(Signed) [illegible] M. D.

Aug 1 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Aug 4, 1917

20-UNDERTAKER	ADDRESS
Frank Conchar	1906 Oakland

CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate.

D 7229

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7229

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1920 Fleet St ST.; 22 WARD)

2-FULL NAME Michael Dombek

(Residence in Baltimore: No. 1920 Fleet St St.; yrs. 20 mos. da.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov (Month) 1 (Day) ..... (Year)

7-AGE. 45 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

243

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, John Dombek

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Dombek

(Address) 1920 Fleet St

15-

Filed AUG 1 1917, 191.. HARRY G. ANDREWS Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Heart

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Byron Smith M. D.
(Coroner.)

July 1, 191.. (Address) 1 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Hill

DATE OF BURIAL, Aug 2, 1917.

20-UNDERTAKER, Frank Crack & Son

ADDRESS 1906 East Monument

Spec.—8-24-14—M. & T.—2000 Blks.

D 7230 HEALTH DEPARTMENT—CITY OF BALTIMORE 152 D 7230

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 N. Bradford Pl. St.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Kratz

(Residence in Baltimore: No. 1500 N. Bradford St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
F.	W.	S.

6-DATE OF BIRTH, July (Month) 31 (Day), 1917 (Year)

7-AGE,	If LESS than 1 day,
.....yrs.....mos.....ds.	18 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), City.

PARENTS.

10-NAME OF FATHER. Wm Kratz

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Marie Smith

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Kratz

(Address) 1500 N Bradford

15- AUG 1 - 1917 HARRY C. ANDREWS Registrar.

Filed....., 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 1st (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1917, to July 1 1917, that I saw h[illegible] alive on July 31 1917, and that death occurred, on the date stated above, at 12.05 A.m.

The CAUSE OF DEATH* was as follows:

Premature Birth 7 mos

Ext to Laceration

of Meninges & Brain

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Edwd C. Kelly M. D.

Aug 1, 1917 (Address) 1419 E Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem	Aug 1, 1917
20-UNDERTAKER J Herring & Co	ADDRESS 2108 Calvert

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7231

HEALTH DEPARTMENT—CITY OF BALTIMORE

109 ✓ D 7231

CERTIFICATE OF DEATH.

1-PLACE OF DEATH H. H.

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Smintke

(Residence in Baltimore: No. 1467 Stevenson St.; 54 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. January (Month) 30 (Day), 1863 (Year)

7-AGE 62 yrs. 6 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home 037

9-BIRTHPLACE, (State or Country), at Sea

PARENTS.

10-NAME OF FATHER, — Steel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Schmick

(Address) 1467 Stevenson St.

15-

Filed AUG 1 1917, 191.... ROBT. C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1917, to Aug 1 1917, that I saw her alive on July 31 1917, and that death occurred, on the date stated above, at 5.50 p.m.

The CAUSE OF DEATH* was as follows:

Strangulated Ventral Herma

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Post-operative Shock

(Duration) yrs. 4 hours.

(Signed) Louis L. Jacobs M. D.

8-1, 1917 (Address) H H

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 62 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Balto. Md.

Former or usual residence 1467 Stevenson St.

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill

DATE OF BURIAL. Aug. 4, 1917

20-UNDERTAKER Wm Cook

ADDRESS 302 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Dr Nitch
2249 Wilkens Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7232

CERTIFICATE OF DEATH.

120 D 7232

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3049 Stafford ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Dehne

(Residence in Baltimore: No. 3049 Stafford St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan (Month) 23 (Day), 1844 (Year)

7-AGE, 73 yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or....mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Track Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): W.R.R Co

8-34

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Earl Dehne

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Charlotte Stiser

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E- Dehne

(Address) 3049 Stafford St

15-

Filed AUG 1 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 8 1917, to July 30 1917, that I saw h— alive on July 30 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency
Chronic Interstitial Nephritis

(Duration) Unknown

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) 6 yrs. mos. ds.

(Signed) Robert C Metz M. D.

July 31, 191.7 (Address) 2249 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Aug 7, 191.7

20-UNDERTAKER William Cook — ADDRESS 502 E. North Ave

Please write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7233

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7233

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1 in Gilmor St. 16 WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Affelder

(Residence in Baltimore: No. 1036 N. Gilmor St.; yrs. 57 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March 3, 1856
(Month) (Day) (Year)

7-AGE, 61 yrs. 4 mos. 28 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Insurance
(b) General nature of industry, business, or establishment in which employed (or employer): Broker

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Max Affelder

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Gretta Schopf

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E.

(Address) 1031 N. Gilmor

15- AUG 1 - 1917

Filed ....., 191.... HARRY C. ANDREWS Clerk Burial records Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.)
find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Asphyxia by Gas

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Wilkins (Coroner) M. D.

July 31, 191.. (Address) 1211 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State 57 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bar Sinai — DATE OF BURIAL, Aug 2d, 1917.

20-UNDERTAKER Howard Sondheim — ADDRESS 1024 W. Fay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7231

CERTIFICATE OF DEATH.

120 ✓

D 7231

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 Barclay ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Schultz

(Residence in Baltimore: No. 1906 Barclay, St.; 67 yrs., 6 mos. 15 ds.)

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. 17th, 1850 (Month) (Day) (Year)

7-AGE, 67 yrs. 6 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home 03

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John G. Maser

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Cristiana Schmuck

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Schultz

(Address) 1906 Barclay St.

15-

AUG 1 - 1917

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 1st, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1917, to July 31st 1917, that I saw h[illegible] alive on Aug 1st 1917, and that death occurred, on the date stated above, at 12.30 A m.

THE CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. ds.

(Signed) Reginald F Dorsey M. D.

Aug 1., 191.7 (Address) 414 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Aug. 2nd, 191.7

20-UNDERTAKER Mr & Mrs John H Teufel

ADDRESS 501 W. Fayette St

D 7235

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1014

D 7235

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 116 W. McFaile St.; 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Ludwig

(Residence in Baltimore: No. 116 Mc Faile St.; 5 yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb. (Month) 28 (Day), 1917 (Year)

7-AGE: ... yrs. 5 mos. 2 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto - Md.

PARENTS

10-NAME OF FATHER: Jos. Ludwig

11-BIRTHPLACE OF FATHER (State or country): Balto Md.

12-MAIDEN NAME OF MOTHER: Emma Schreiner

13-BIRTHPLACE OF MOTHER (State or country): Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Ludwig

(Address) 116 Mc Faile St

15- AUG 1 - 1917 Filed ..., 191... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 1 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1917, to Aug 1, 1917, that I saw him alive on July 31, 1917, and that death occurred, on the date stated above, at 4:30a m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ... yrs. ... mos. 3 ds

Contributory (SECONDARY) Exhaustion

(Duration) ... yrs. ... mos. ... ds.

(Signed) F. N. Talmage M. D.

Aug 1, 1917 (Address) 1236 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery | DATE OF BURIAL: Aug 2, 1917

20-UNDERTAKER: F. B. Kepsport | ADDRESS: 2136 Frederick Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7236

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

179 D 7236

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1409 Poplar Grove St.: 16 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary E. Myers.

(Residence in Baltimore: No. 1409 Poplar Grove St.: 8 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6 DATE OF BIRTH Nov. (Month) 16 (Day), 1841 (Year)

7 AGE 75 yrs. 8 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work none.
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9 BIRTHPLACE (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER John P. Nolte

11 BIRTHPLACE OF FATHER (State or country) Germany.

12 MAIDEN NAME OF MOTHER Charlotte Wesselman.

13 BIRTHPLACE OF MOTHER (State or country) Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Carrie S. Myers.

(Address) 1409 Poplar Grove.

15 AUG 1 - 1917 Filed ....., 191.....

Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 31 st (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 28th, 1917, to July 31st 1917, that I saw her alive on July 31st, 1917, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Enstrotice.

..... (Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Isaac E. Dickson. M. D.

Aug 1st, 1917 (Address) 3055 N. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Pleasant Grove Md | DATE OF BURIAL Aug 3, 1917

20 UNDERTAKER Jno B Cook | ADDRESS 1003 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7237

CERTIFICATE OF DEATH.

40 ✓ D 7237

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Diggs

(Residence in Baltimore: No. 1820 Madison Ave St.; 67 yrs., 4 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March (Month) 25 (Day), 1850. (Year)

7-AGE	If LESS than 1 day,
67 yrs. 4 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Chas. F. Diggs

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Josephine Dennigton

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Grace W. Diggs

(Address) 1819 California Ave Washington D.C.

15-

Filed AUG 1 - 1917, 191.... HARRY C. ANDREWS Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 1 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9th 1917, to Aug 1st 1917, that I saw h.. alive on Aug 1st 1917, and that death occurred, on the date stated above, at 8:40 a.m.

The CAUSE OF DEATH* was as follows:

Cancer ova & Stomach

Duration (Duration) about 6 mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward A. Smith M. D.

Aug 1, 1917 (Address) Mercy Hosp.,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 22 ds. In the State 67 yrs. 4 mos. 9 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1820 Madison Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mount	Aug. 3, 1917

20-UNDERTAKER	ADDRESS
Jos B Cook	1003 W Balto

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7233

CERTIFICATE OF DEATH.

43 ✓ D 7238

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1261 Columbia Ave St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene E Warner

(Residence in Baltimore: No. 1261 Columbia Ave St.; 43 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Jan 17, 185[illegible]
(Month) (Day) (Year)

7-AGE: 66 yrs. 6 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Howard Co Md

PARENTS.

10-NAME OF FATHER: Perry G Puckett

11-BIRTHPLACE OF FATHER (State or Country): Carroll Co Md

12-MAIDEN NAME OF MOTHER: R A Tucker

13-BIRTHPLACE OF MOTHER (State or Country): Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H Warner

(Address) 1261 Columbia Ave

15-

AUG 1 - 1917

Filed ....., 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Aug 1, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1 191 7, to Aug 1 191 7, that I saw her alive on July 30 191 7, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver 3 mos.

CONTRIBUTORY (Secondary) Cancer of Breast operated on Jan 1917 (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Wm H Schwatka M. D.

Aug 1, 191... (Address) 1120 W Lex St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug 4, 191..

20-UNDERTAKER: Jos B Cook — ADDRESS: 1003 W Balto

Be sure to write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7239

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 7239

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 431 N Carey St. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Houston H. Hurley

(Residence in Baltimore: No. 431 N Carey St. 52 yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: December 29, 1858 (Month) (Day) (Year)

7-AGE: 58 yrs. 7 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Hudson Hurley

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Margaret Bespisch

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lillian Hurley

(Address) 431 N Carey St

15

Filed ..... 191 .....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

AUG 1 - 1917

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 1, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1917, to Aug 1st 1917, that I saw him alive on July 26, 1917, and that death occurred, on the date stated above, at 3a p. m.

The CAUSE OF DEATH* was as follows:

Acute Endo + Myocarditis

about (Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Pulmonary Oedema

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) T. W. Keown M. D.

Aug 1st, 1917 (Address) 1938 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Aug 3, 1917

20-UNDERTAKER: H & B Cook — ADDRESS: 103 W Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7240

CERTIFICATE OF DEATH.

28

D 7240

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 Maryland Ave. ST.; 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M. Callahan

(Residence in Baltimore: No. 2021 Maryland Ave. St.; 24 yrs., 8 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, November 27 1892, 1 (Month) (Day) (Year)

7-AGE, 24 yrs. 8 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John J. McCarthy

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Ella Coleman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Co., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James A. Callahan

(Address) 3003 Guilford Ave.

15- AUG 1 - 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13th 1917, to July 30th 1917, that I saw her alive on July 30th 1917, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Probably Cerebral Hs. Duration

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. F. Lockwood M. D.

Aug 1st, 1917. (Address) 8 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Mary's Cem. Govans	8/2, 1917
20-UNDERTAKER Henry C. Mears & Co.	ADDRESS 505 N. Calvert St.

important. See instructions on back of certificate.

D 7211

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7211

CERTIFICATE OF DEATH.

Registered No. C

1-PLACE OF DEATH on the way to Maryland Gen Hospital

CITY OF BALTIMORE (No. ..... St. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Ballinger

(Residence in Baltimore: No. Spanos Point Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Don't know, 1 .....
(Month) (Day) (Year)

7-AGE, Last 30 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) 031

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Lewis Ballinger

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. L. Creager

(Address) Thurmont Md

15- AUG 2 - 1917 HARRY C. ANDREWS

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Wesley Eaton find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Heat

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. Henry Smith Jr. (Coroner) M. D.

Aug 1, 191 7 (Address) 1606 Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Spanos Pt Md

PLACE OF BURIAL OR REMOVAL, Thurmont Md

DATE OF BURIAL, Aug 2, 1917

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7242 +108 D 7242

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Price

(Residence in Baltimore: No. Upperco, Md. St.; ... yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept (Month) 2 (Day), 1909 (Year)

7-AGE, 7 yrs. 10 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John W. Price

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Cora Nash

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Price

(Address) Hampstead

15-

Filed....., 191.....

W. B. P. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1917, to Aug 2 1917, that I saw h... alive on Aug 2 1917, and that death occurred, on the date stated above, at 1.35 a.m.

The CAUSE OF DEATH* was as follows:

General peritonitis due to ruptured appendix

(Duration) ... yrs. ... mos. 17 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

Aug 2, 1917 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 17 ds. In the State 7 yrs. 10 mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Upperco, Md.

19-PLACE OF BURIAL OR REMOVAL, Hampstead Md — DATE OF BURIAL, Aug 3., 1917

20-UNDERTAKER Wm. J. Tickner + Sons — ADDRESS North + Penn

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7243

CERTIFICATE OF DEATH.

4 179 D 7243

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sister Mary Cephas Flynn

(Residence in Baltimore: No. Calvert St. St.; 75 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, not known, ... (Month) ..... (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
75 yrs. ..... mos. ..... ds.	....hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Religious 065
(b) General nature of industry, business, or establishment in which employed (or employer)..... Sister of Mercy

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Flynn

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Anne Plunkett

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Catherine Joyce

(Address) 301 N. Fulton Ave

15-

AUG 2 - 1917

Filed....., 191.....

W.C.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 1st, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1914, to Aug. 1 1917, that I saw h[illegible] alive on July 31 1917, and that death occurred, on the date stated above, at 6.40 A m.

The CAUSE OF DEATH* was as follows:

Heat Prostration

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward J. Smith M. D.

....., 191... (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death 18 yrs. ..... mos. ..... ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Same Place

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. St. Agnes Balto.	Aug. 2, 1917
20-UNDERTAKER	ADDRESS
Henry H. Jenkins Sons	Orchard & Fulton Sts

Please write plainly with pen and ink, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7244

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1917 D 7244

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 N Fulton ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Kinderwatter

(Residence in Baltimore: No. 1528 n. Fulton Av St.; 60 yrs. mos. ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Dec 16, 1833 (Month) (Day) (Year)

7-AGE: 83 yrs. 7 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Merchant 045
(b) General nature of industry, business, or establishment in which employed (or employer): at Market

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: John Bohnlofink

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs H Heidelein

(Address) 1528 N Fulton ave

15- AUG 2 - 1917

Filed ....., 191.... W.B.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug 1st, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31, 1917, to, Aug 1 1917, that I saw h.r alive on Aug 1st 1917, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Senility & Intestinal Prostration

(Duration) 2 days yrs. mos. ds.

Contributory (SECONDARY) Exhaustion

(Duration) Immediate yrs. mos. ds.

(Signed), Edw C Bulent M. D.

Aug 1, 1917. [Address] 1528 n Fulton Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Parkcemetery

DATE OF BURIAL: Aug 3, 1917

20-UNDERTAKER: W M Routson

ADDRESS: 230 N Green

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7245

CERTIFICATE OF DEATH.

120 D 7245

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 White ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Fuller

(Residence in Baltimore: No. 1915 White St.; Yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 30, 1869
(Month) (Day) (Year)

7-AGE, 48 yrs. 3 mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Fuller

(Address) 1915 White

15-

Filed AUG 2 1917, 191...

W. P. C. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (30), 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1917, to July 30 1917, that I saw her alive on July 30 1917 and that death occurred, on the date stated above, at 11:30 p.m.

The CAUSE OF DEATH* was as follows:

1A Intestitial
Nephritis

(Duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. A. Hatchison M. D.

7/31, 191.. (Address) 117 N. Edwards

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, July 2 1917

20-UNDERTAKER Wm. McCaul — ADDRESS Woodsboro

important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7246

CERTIFICATE OF DEATH.

D 7246

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1935 Aliceanna St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Lupayko

(Residence in Baltimore: No. 1935 Aliceanna St.; ..... yrs., 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: July 25, 1917 (Month) (Day) (Year)

7-AGE: ..... yrs. 1 mos. 7 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: John Lupayko

11-BIRTHPLACE OF FATHER (State or Country): Austria

12-MAIDEN NAME OF MOTHER: Elizabeth Kostowicz

13-BIRTHPLACE OF MOTHER (State or Country): Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Lupayko

(Address) 1935 Aliceanna

15-

Filed ....., 191.. W. H. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1917, to Aug 1 1917, that I saw h alive on Aug 1 1917, and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

Heart

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Enteritis

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) J. Wharton M. D.

Aug 2, 191.7 (Address) 16 E Penn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Aug 2, 191.7

20-UNDERTAKER Jacob Frank — ADDRESS 1618 Eutaw

AUG 2 1917

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7247.

CERTIFICATE OF DEATH.

105 D 7247.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 W Mulberry St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna L. Stilling

(Residence in Baltimore: No. 613 W Mulberry St.; 60 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 29 (Day), 1838 (Year)

7-AGE, 78 yrs. 10 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Bernard Stilling

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary S Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. D. Stilling

(Address) 613 W Mulberry

15-

Filed 2-1917, 191...

W. H. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 191 7, to July 21 191 7, that I saw h alive on July 21 191 7, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Pleo-Colitis

..... (Duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) Nephritis tuition

..... (Duration) ... yrs. 3 mos. ... ds.

(Signed) W. H. Hamburger M. D.

July 21, 191... (Address) 682 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Holy Redeemer New | DATE OF BURIAL. Aug. 4, 191 7

20-UNDERTAKER Harry W. Ehlen | ADDRESS 1942 W. North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7248

CERTIFICATE OF DEATH.

104 D 7248

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2031 Fleet ST.; V WARD).

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Czesnik (Czesnik)

(Residence in Baltimore: No. 2031 Fleet St.; ....yrs., 10 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word.) Single

6-DATE OF BIRTH, Sept 20, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): " 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Czesniak

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Catharine Pisnecki

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Czesniak

(Address) 2031 Fleet

15-

AUG 2-1917

Filed ....., 191.. W. H. O. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to July 27 1917, that I saw h[illegible] alive on July 1917, and that death occurred, on the date stated above, at 8:15 m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

July 27, 191.. (Address) 1[illegible] Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, July 29, 191..

20-UNDERTAKER Jacob Gallagher — ADDRESS 1618 Eastern

important. See instructions on back of certificate.

D7249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170

REGISTERED No. D7249

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 227 N Mydunia 6 St., WARD)

2-FULL NAME John Bertlein,

(Residence in Baltimore: No. 227 N Mydunia 6 St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
Mast	white	Mar'd

6-DATE OF BIRTH, June 6, 1871
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
16 yrs. 6 mos. 25 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lotaer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Burkhart

(Address) 227 Mydunia

15-

Filed AUG 2 1917, 191.. HARRY C. ANDREAE Burial Permit Clerk.
Registrar.

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May 1, 191..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Tuberculosis of Intestines

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

..... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Aug 3 19..
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

D 7250 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7250

CERTIFICATE OF DEATH. 41

1-PLACE OF DEATH 1129 N. Carey REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Brown

(Residence in Baltimore: No. 1129 N. Carey St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	Married

6-DATE OF BIRTH, Feb (Month) 15 (Day), 1876 (Year)

7-AGE,	If LESS than 1 day,
41 yrs. 5 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Andrew Lee

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary E. Herman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charleston Brown

(Address) 1129 N. Carey St.

15-

Filed AUG 2 1917, 19.. W.P.J. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1917, to July 30 1917, that I saw h.. alive on July 30 1917, and that death occurred, on the date stated above, at 11.25 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

.....

.....

Several months (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) W. J. Coleman M. D.

Aug 1, 1917 (Address) 1131 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Cambridge Md DATE OF BURIAL, Aug 2 1917.

20-UNDERTAKER Geo H Holland ADDRESS 1631 D Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7451

+63 D 7251

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Bruehl

(Residence in Baltimore: No. Ill Hospital St.; ..... yrs., 2 mos. 7 ds.)

Important. See instructions on back of certificate. Properly classified. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec (Month) 20 (Day), 1880 (Year)

7-AGE, 36 yrs. 7 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Geo C Bruehl

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rebecca Ryan

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Chas Bruehl

(Address) Reisterstown Md

15-

Filed ..... 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1917, to Aug 2 1917, that I saw h. alive on Aug 2 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis

Transverse Myelitis

(Duration) yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) yrs. mos. 30 ds.

(Signed) Ed. C. Smith M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. 2 mos. 7 ds. In the State life yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence Reisterstown

19-PLACE OF BURIAL OR REMOVAL, Reisterstown Md — DATE OF BURIAL, Aug 4 191 7

20-UNDERTAKER J. F. Edwin — ADDRESS Reisterstown Md

Spec.—8-24-14—M. & T.—2000 Blks.

D 7252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 D 7252

1-PLACE OF DEATH St. Vincents Inf- Asylum.

CITY OF BALTIMORE: (No. 1401 Division ST.; 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Bushwood

(Residence in Baltimore: No. 1401 Division St.; ..... yrs., ... mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colt.	X single

6-DATE OF BIRTH. ..... July (Month) 20 (Day) 1, 1917 (Year)

7-AGE. ..... yrs. ..... mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work X
(b) General nature of industry, business, or establishment in which employed (or employer) X

9-BIRTHPLACE. (State or Country) St. Vincents Inf. Asy.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Unknown,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. McE. Porter

(Address) 1114 Harford ave.

15-

Filed ..... 191... AUG 2 - 1917

W. P. C. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 1 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 20 1917, to Aug 1, 1917, that I saw him alive on Aug 1, 1917, and that death occurred, on the date stated above, at 1:00 p.m.,

The CAUSE OF DEATH* was as follows:

Hereditary Syphilis

(Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) X

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. Leonard McE. Porter M. D.

191... (Address) 1114 Harford Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State ..... yrs. ..... mos. 11 ds.

Where was disease contracted, if not at place of death? X

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Aug 2, 1917

20-UNDERTAKER H. Fahey & Sons — ADDRESS 26 Lafayette Ave

important. See instructions on back of certificate.

D 7253

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7253

CERTIFICATE OF DEATH.

REGISTERED No. C 64

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 107 N. Frederick ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Buchheimer

(Residence in Baltimore: No. 1407 N. Patterson Pk. Ave. St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Febry 14, 1850.
(Month) (Day) (Year)

7-AGE, 67 yrs. 5 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman 032
(b) General nature of industry, business, or establishment in which employed (or employer): Stock clerk.

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, C. Buchheimer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Hannah Wolf

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. Wilbur Buchheimer

(Address) 1407 Patterson P.K.Ave.

15-

Filed ....., 191.. W. P. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

Sudden (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. S. Culley (Coroner.) M. D.

Aug 2, 1917. (Address) 1637 Ruxton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Aug 4, 1917.

20-UNDERTAKER John B. Spencer

ADDRESS 1345 N. Carlton St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7254

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7254

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 815 Small St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Davis

(Residence in Baltimore: No. 815 Small St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Marr'd

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1 (Year)

7-AGE. 64 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: 243
(a) Trade, profession, or particular kind of work. Tobacco
(b) General nature of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country). Va.

PARENTS.

10-NAME OF FATHER. Matthew Davis,

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Jemima Smoot,

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mack Mackey

(Address) 815 Small St.

15- AUG 2 - 1917

Filed ....., 191 W. P. O. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 1 (Day), 191 7 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

..... 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Laurel Cem. DATE OF BURIAL, Aug 2, 191 7

20-UNDERTAKER Byrd R. J. Elliott ADDRESS 606 East Pr

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7255

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N. Dallas St.) 6 WARD) REGISTERED NO. C 1065

2-FULL NAME Benjamin H. Shipman

(Residence in Baltimore: No. 5 N. Dallas St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	a-a	Widower

6-DATE OF BIRTH, Unknown (Month) (Day) 1838 (Year)

7-AGE, 79 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elijah Brinkley

(Address) 5 N. Dallas St.

15-

Filed ..... 191.. W. M. S. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to Aug 1 1917, that I saw him alive on July 31 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Cerebro Hemorrhage

Diabetes & Exhaustion

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Cataracts

No Microscopic Examination made

(Duration) yrs. mos. ds.

(Signed) Oakley Brinton M. D.

Aug 1 1917 (Address) 1528 Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cresfield Md DATE OF BURIAL, Aug 2nd, 1917.

20-UNDERTAKER Chas G Bailey ADDRESS 1417 Jefferson St

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

D 7256

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7256

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 N. Central Ave ST.; — WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Holland

(Residence in Baltimore: No. 214 N. Eden St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, a. a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1840
(Month) (Day) (Year)

7-AGE, 84 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Dodson

(Address) 204 N. Spring Ave

15- AUG 2 1917

Filed ..... 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10, 1917, to Aug. 1, 1917, that I saw her alive on Aug. 1, 1917, and that death occurred, on the date stated above, at 7:35 p.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchiectasis & Mitral Reg. regulation (Duration) yrs. 3 mos. ds.

(Signed) C. K. S. Dixon M. D.

Aug 2, 1917. (Address) 1520 Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Cemetery — DATE OF BURIAL, Aug. 2nd 1917

20-UNDERTAKER Chas G. Bailey — ADDRESS 542 Jefferson St

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

D7257

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

REGISTERED No. D7257

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 Hampson ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emmett Williams

(Residence in Baltimore: No. 802 Hampton St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) (Day) 1916 (Year)

7-AGE, 1 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Arcuse Williams

11-BIRTHPLACE OF FATHER (State or Country), Mary Land

12-MAIDEN NAME OF MOTHER Annie Jefferson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Williams

(Address) 802 Hampton St.

15- AUG 2 - 1917 HARRY C. ANDREWS

Filed ....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, aug 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1917, to aug 1 1917, that I saw h[illegible] alive on aug 1 1917, and that death occurred, on the date stated above, at 10.30 P.M.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Heart

(Duration) yrs. mos. ds.

(Signed) T. E. Young Jr M. D.

aug 2, 191.7 (Address) 1602 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 3rd, 191.7

20-UNDERTAKER Thomas Wright — ADDRESS 1644 Mary

Important. See instructions on back of certificate.

D 7258

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 V

D 7258

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 105 E. Montgomery St. 22 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charlie Akers

(Residence in Baltimore: No. 105 E. Montgomery St. 61 yrs. 10 mos. 23 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Sept (Month) 9 (Day), 1855 (Year)

7 AGE: 61 yrs. 10 mos. 23 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Paper Hanger
(b) General nature of industry, business, or establishment in which employed (or employer): 052

9 BIRTHPLACE (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: George W. Akers

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Ann Craig

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma E. Akers (Sister)

(Address) 105 E. Montgomery St

15 Filed AUG 2 - 1917 191 W. B. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. (Month) 1st (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 5th, 191 , to Aug 1st 191 , that I saw h..... alive on ....., 191 , and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

(Duration) 3 yrs. — mos. ds

Contributory (SECONDARY) Valvular disease of heart

(Duration) 3 yrs. 6 mos. ds.

(Signed) Wm. B. McDonald M. D.

8/1 —, 191 7 (Address) 1309 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: BALTIMORE CEMETARY. DATE OF BURIAL: AUG 4 - 1917

20 UNDERTAKER: ARMSTRONG-DENNY CO. ADDRESS: 715 Light St

D 7259

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 D 7259

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 W North Ave ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nilda C. Thampson

(Residence in Baltimore: No. 1107 Mount St.; yrs. 5 mos. ds.)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should TION is very important. See instructions on back of certificate. Exact statement of OCCUPA-

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Feb. (Month) 19 (Day) 1917 (Year)

7-AGE: ..... yrs. 5 mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: Joseph Thompson

11-BIRTHPLACE OF FATHER (State or country): New York

12-MAIDEN NAME OF MOTHER: Westaker

13-BIRTHPLACE OF MOTHER (State or country): Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Thompson

(Address) 110 N. Mount St.

15- AUG 2 - 1917

Filed ..... 191 ..... W. B. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31, 1917, to, Aug 1 1917, that I saw h.r. alive on Aug 1 1917, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro - Enteritis

..... (Duration) ..... yrs ..... mos. 4 ds.

Contributory (SECONDARY)

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed), H. C. Nelson M. D.

Aug 1 1917 [Address] 2757 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos 13 ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? 110 N. Mount St

Former or usual residence 110 N. Mount St

19-PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Aug 3 1917

20-UNDERTAKER: Geo. L. Schwat & Bro

ADDRESS: 701 Fulk. Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7260

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7260

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1343 N Calhoun St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Arbrigh

(Residence in Baltimore: No. 1343 N Calhoun St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	Marr

6-DATE OF BIRTH, Oct 5, 1842
(Month) (Day) (Year)

7-AGE, 74 yrs. 9 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 666

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Smith

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Eliza Arbright

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Arbright

(Address) 1343 N. Calhoun st

15-

Filed AUG 2 1917, 191...

W. P. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29 1917, to July 31 1917, that I saw h[er] alive on July 31 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Bronchitis

Pneumonia

Causes (Duration) ?yrs. ?mos. ?ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ?yrs. ?mos. ?ds.

(Signed) Chas H Chaulk M. D.

Aug 2, 191... (Address) 1343 N Calhoun St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Aug 2, 1917.

20-UNDERTAKER James H Dennis ADDRESS 1313 Pennsylvania

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7261

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 7261

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Sq. Hosp.

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 100 W Calhoun ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Bollack

(Residence in Baltimore: No. 81½ Mulberry St.; 65 yrs., 1 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, June (Month) 5 (Day), 1852 (Year)

7-AGE, 65 yrs. 1 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron worker
(b) General nature of industry, business, or establishment in which employed (or employer): (Retired)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Bollack

(Address) 812 W. Mulberry

15-

AUG 2 - 1917

Filed....., 191.....

W. B. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 1917, to August 2 1917, that I saw him alive on August 2 1917, and that death occurred, on the date stated above, at 10.25 m.

The CAUSE OF DEATH* was as follows:

Apoplexy — Right Cerebral Hem.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) H R Kriker M. D.

Aug. 2, 1917. (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 2 ds. In the State Life yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 812 Mulberry St

19-PLACE OF BURIAL, OR REMOVAL, Western — DATE OF BURIAL, August..., 1917.

20-UNDERTAKER, J. S. B. Clark — ADDRESS 1003 W Baltimore

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7262

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.) 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Moore

(Residence in Baltimore: No. 665 Josephine St. St.; 17 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1884
(Month) (Day) (Year)

7-AGE, 33 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer) 074

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Alexander Moore

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Patient

(Address) .....

15-

Filed ....., 191.....

W. P. P. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1917, to Aug 1 1917, that I saw h[illegible] alive on Aug 1 1917, and that death occurred, on the date stated above, at 11:45 P.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) ..... yrs. 2 mos. 3 ds.

CONTRIBUTORY (Secondary) Intestinal Adhesions

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr. Eyler M. D.

8/1, 191.7 (Address) Mass County Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State [redacted] yrs. [redacted] mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 665 Josephine St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, August 1, 1917.

20-UNDERTAKER Geo H Hooker

ADDRESS 609 Little Sarat St

Important. See instructions on back of certificate. Specify character. Last statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

D 7263 HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 7263

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Jackson

(Residence in Baltimore: No. 802 Ostend St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 13, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 13 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) 800

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frank Jackson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Beatrice Pierce

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) John Hopkins Hospital

15-

Filed AUG 2 - 1917, 191.. W. H. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1917, to Aug 1 1917, that I saw h alive on Aug 1 1917, and that death occurred, on the date stated above, at 11.20 a.m. p.

The CAUSE OF DEATH* was as follows:

Intestinal indigestion acute

..... (Duration) 0 yrs. 0 mos. 8 ds.

CONTRIBUTORY (Secondary) Pemphigus

..... (Duration) 0 yrs. 0 mos. 18 ds.

(Signed) Henry B. Conrad M. D.

Aug. 2, 1917. (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 802 Ostend St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Aug 3rd, 1917.

20-UNDERTAKER George H. Hooper ADDRESS 609 Lotte Place

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

D 7264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7264

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 Fleet St.; V WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno Onheuser

(Residence in Baltimore: No. 1925 Fleet St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 1 (Day), 1917 (Year).

7-AGE, ...yrs. 6 mos. .....ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... 006

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Stephen Onheuser

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Barbara Rothkirch

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stephen Onheuser

(Address) 1925 Fleet St

15- AUG 2 1917

Filed....., 19.....

W.B.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 1 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to Aug 1 1917, that I saw h— alive on Aug 1 1917, and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

..... (Duration).....yrs.....mos. 7 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) J. Warren M. D.

Aug 1, 1917. (Address) 16 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem. DATE OF BURIAL, Aug 3rd, 1917.

20-UNDERTAKER Lilly & Son Filbert. ADDRESS 403 E Wolfe

M. J. Radowski. 705 S Ann St

Important. See instructions on back of certificate. Be very careful to give exact statement of OCCUPATION. Property entitled.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE,

D 7265

CERTIFICATE OF DEATH.

4 D 7265

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 S Calhoun St ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Rapp.

(Residence in Baltimore: No. 331 S. Calhoun St. St.; 56 yrs., — mos. — ds.)

Important. See instructions on back of certificate. Property cleaned. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	married

6-DATE OF BIRTH, November (Month) 10 (Day), 1861 (Year)

7-AGE,	If LESS than 1 day,
55 yrs. 8 mos. 21 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House-wife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Elias Avey

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Hill

(Address) 33 S. Calhoun St.

15-

Filed..... 191.....

W. B. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9 1917, to July 31 1917, that I saw her alive on July 30 1917, and that death occurred, on the date stated above, at 1:45 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(Duration) — yrs. — mos. — ds.

(Signed) Chester D. Leland, M. D.

7-31, 1917 (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Aug 2 1917.

20-UNDERTAKER John J Caway Son ADDRESS 901 Hollins

AUG 2 1917

Spec.—8-24-14—M. & T.—2000 Bks.

D 7266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7266

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Pulaski St. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Harry H. Richmond

(Residence in Baltimore: No. 2003 Pulaski St. St.; 50 yrs., 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, June 16 (Month) (Day), 1867 (Year)

7-AGE, 50 yrs. 1 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundryman 041
(b) General nature of industry, business, or establishment in which employed (or employer): Hart Stores

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Harry Richmond

11-BIRTHPLACE OF FATHER (State or Country): Balto Md.

12-MAIDEN NAME OF MOTHER: Nora Underwood

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nancy E Richmond

(Address) 2003 Pulaski St.

15-

Filed....., 191.... W.P.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1917, to July 31 1917, that I saw h[illegible] alive on 27 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) about 1 yr. yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. mos. ds.

(Signed) Jas. H. Mudgett M. D.

Aug 1, 1917. (Address) H.S.D.O. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Aug 3 1917

20-UNDERTAKER John J Cowan Son ADDRESS 901 Hollins St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7267

CERTIFICATE OF DEATH.

120 D 7267

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 332 S Poppleton St ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Taylor

(Residence in Baltimore: No. 332 S Poppleton St St.; 65 yrs.. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
female	white	

6-DATE OF BIRTH. July 31st, 1852
(Month) (Day) (Year)

7-AGE. 65 yrs. mos. 1 ds. If LESS than 1 day, hrs. or mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Balto, Md.

PARENTS.

10-NAME OF FATHER. John Ryan

11-BIRTHPLACE OF FATHER (State or Country). Balto Md.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Eppes

(Address) 332 S Poppleton St

15-

Filed ..... 191.. W.M.P. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. August 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1917, to July 31 1917, that I saw h.r alive on July 31 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

a. Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 6 mos. ds.

(Signed) Stephen A Davis M. D.

August 2, 191.. (Address) 1727 Eutaw Place

*State The Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cem.	Aug 3rd 1917
20-UNDERTAKER	ADDRESS
John J Cowan Sons	911 Hollins St

Important. See instructions on back of certificate. Properly classified. Exact statement of OCCUPATION is very

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7268

CERTIFICATE OF DEATH.

64 D 7268

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1413 Ward St. ST.: 21 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Clark

(Residence in Baltimore: No. 1413 Ward St. St.: 40 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: X Aug. 1st, 1877 (Month) (Day) (Year)

7-AGE: X 40 yrs. 0 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home 037

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: not known

11-BIRTHPLACE OF FATHER (State or Country): not known

12-MAIDEN NAME OF MOTHER: Amanda Milligan

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Clark

(Address) 1413 Ward St

15- AUG 2-1917

Filed ..... 191.. W. F. ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 1, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Autopsy

(Duration) ..... yrs. ..... mos. 3 hrs. ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fulton (Coroner.) M. D.

Aug 1 191 7 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, W. M. Cathcart — DATE OF BURIAL, Aug 4 1917

20-UNDERTAKER John J. Howard & Son — ADDRESS 901 Hollins St.

CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7269

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7269

CERTIFICATE OF DEATH.

150

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 816 Pierce. ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Violet Briscoe.

(Residence in Baltimore: No. 816 Pierce St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single.

6-DATE OF BIRTH, Unknown, ... 1 .....
(Month) (Day) (Year)

7-AGE, 1 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John H. Briscoe.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Tobia. Cullen

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Briscoe.

(Address) 816 Pierce St.

15-

Filed ....., 191.....

W. P. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. D. Driscoll M. D.
(Coroner)

Aug. 1, 1917. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt. Calvary — DATE OF BURIAL, Aug. 2, 1917

20-UNDERTAKER, John J. Corcoran Co. — ADDRESS, 901 Hollins

CAUSE OF DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1917 D 7270

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 Eastland Ave St.) 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Schuh

(Residence in Baltimore: No. 2119 Eastland av St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Not Known (Month) (Day) 1 (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Religious Jay Brother
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bro. Jos. Schuh

(Address) 2119 Eastland Ave.

15- AUG 2 - 1917

Filed ..., 191.. W. J. S. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1916, to July 31 1917, that I saw h[im] alive on July 31 1917, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Chronic Valvular Heart Disease
Acute Edema of Lung
at least (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Edema of Lung 7/12 ds.

(Duration) yrs. mos. ds.

(Signed) J. J. Kenzelman M. D.

Aug 1, 1917 (Address) 608 N. Patterson Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Aug 3, 1917

20-UNDERTAKER Frank Brockman Son — ADDRESS 1906 Eastlandave

Important. See instructions on back of certificate. Be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7271

CERTIFICATE OF DEATH.

104 D 7271

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Linden Ave. ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Louise Flynn

(Residence in Baltimore: No. 1600 Linden Ave. St.; ..... yrs., 9 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. 1, 1916
(Month) (Day) (Year)

7-AGE, -- yrs. 9 mos. -- ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William Edw. Flynn

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Ruth R. McCoy

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) William Edw. Flynn
(Address) 1600 Linden Ave.

15-
AUG 2-1917
Filed ..... 191.....
W.B.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1917, to August 1 1917, that I saw her alive on August 1 1917, and that death occurred, on the date stated above, at 1.35 a m.

The CAUSE OF DEATH* was as follows:

Convulsions

..... (Duration) ..... yrs. ..... mos. 3 hrs. ds.

CONTRIBUTORY (Secondary) Status Epilepticus

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Mead Neidle M. D.

Aug 12, 1917. (Address) 108 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cemetery	8/2, 191.7.
20-UNDERTAKER Edward D. Maas & Son	ADDRESS 1058 N. Calvert

important. See instructions on back of certificate. Properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7272

CERTIFICATE OF DEATH.

D 7272

1-PLACE OF DEATH St. Elizabeth's Home

REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle Ellen Cummings

(Residence in Baltimore: No. St. Elizabeth's Home St.; ..... yrs., 6 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED, (Write the word.)
Female	Negro	

6-DATE OF BIRTH, Oct. (Month) 17th (Day), 1917 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. 9 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Galto. Md.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed AUG 2 1917, 191... HARRY C. ANDREWS Registrar.

Burial Permit

15027

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31st (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 30 191 7, to July 31 1917, that I saw h[illegible] alive on July 30 191 7, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Heart Disease

.....

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Heart Failure.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Goldberg M. D.

8-1, 1917. (Address) 2021 W. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 6 mos. 3 ds. In the State 1 yrs. 9 mos. 17 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	....., 191...
20-UNDERTAKER	ADDRESS

Commissioner Health.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7273

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7273

CERTIFICATE OF DEATH.

REGISTERED No. C 109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Hellman

(Residence in Baltimore: No. 2323 E. Monument St.: 5 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (Write the word.) widowed

6-DATE OF BIRTH, Not Known, (Month) ....., 1 (Day) ..... (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julius Hellman

(Address) 2323 E Monument

15-

Filed AUG 2 - 1917, 191.. HARRY O. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 1st (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 29 1917, to Aug 1st 1917, that I saw her alive on Aug 1st 1917, and that death occurred, on the date stated above, at 1/2 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Stomach

(Duration) 1/2 hrs.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M B Lama M. D.

Aug 2, 1917 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State 15 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2323 E Monument St

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Aug 3, 1917

20-UNDERTAKER Kemp Crack & Son — ADDRESS 1906 Ashland

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7274 ✓ D 7274

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Russel x ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August. C. Hoffman

(Residence in Baltimore: No. 1023 Russel x St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ...Jan.... (Month) ....9.... (Day) ....1851.... (Year)

7-AGE, ...66.... yrs. ....6.... mos. ....23.... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....Retired Store Keeper....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germy

PARENTS.

10-NAME OF FATHER, Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Germy

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ....Hannah C. Hoffman....

(Address) ....1023 Russle St....

15-

Filed AUG 2 1917, 191.... Registrar.

AUG 2 - 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1917, to Aug 1 1917, that I saw h.... alive on Aug. 1 1917, and that death occurred, on the date stated above, at 3 15 m.

The CAUSE OF DEATH* was as follows:

Multiple Neuritis

Arteriosclerosis

(Duration) 7 yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .... yrs. .... mos. .... ds.

(Signed) W. C. Blackinger M. D.

...., 191.. (Address) 621 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cy — DATE OF BURIAL, Aug. 4., 191.7.

20-UNDERTAKER Jos Joerdens Son — ADDRESS 217 S. Bro

important. See instructions on back of certificate.

Spcc.—8-24-14—M. & T.—2000 Bks.

D. 7275

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7275

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 N Pine ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Wilson

(Residence in Baltimore: No. 426 N Pine St St.; 35 yrs., ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Unknown (Month) (Day) (Year)

7-AGE, 58 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wife 037

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Pierce H Wright

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Harriet Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Elizabeth Wilson

(Address)..... 426 N Pine St

15-

Filed AUG 2 1917, 191.... HARRY C. ANDERS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1917, to July 31 1917, that I saw h[illegible] alive on July 30 1917, and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Tertiario Sclerosis and Chronic Arthritis

(Duration) 3 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Gen'l debility & nephritis (Duration) 1 yrs. 6 mos. ds.

(Signed) Bernard L Gunner M. D.

....., 191... (Address) 1617 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	AUG 2 1917, 191...
20-UNDERTAKER Daniel J Hennessy	ADDRESS 578 W Baltimore St

Important. See instructions on back of certificate. Be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

D 7276

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 108 D 7276

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Williams

(Residence in Baltimore: No. Belair Rd. St.: 14 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, Not known (Month) (Day) 1903 (Year)

7-AGE,	If LESS than 1 day,
14 yrs. mos. ds.	hrs. or min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Richard Williams

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER M. Bradford

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Data

(Address) Green & Lombard

15-

Filed AUG 2 - 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7/29 1917, to 8/2 1917, that I saw her alive on 8/2 1917, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Suppurative Appendicitis (Duration) yrs. mos. 6 ds.

(Signed) Carl F. Schneider M. D.

8/2, 1917 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State 17 yrs. mos. ds.

Where was disease contracted, if not at place of death? Belair Md.

Former or usual residence Belair Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Belair Md.	Aug 2, 1917

20-UNDERTAKER E. F. Hasle ADDRESS 115 E. Lexington St.

important.—See instructions on back of certificate. Exact statement of OCCUPATION is very

D 7277.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7277.

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pier # 6 Locust Point. St.: 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob H.Robbins.(C)

(Residence in Baltimore: No. 862 Pierce St. St.: yrs. 33 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	Colored.	Widower.

6-DATE OF BIRTH, July 17th. 1865 (Month) (Day) 1 (Year)

7-AGE, 52 yrs. -- mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer): 504 0.74

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, John Robbins.(C)

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Sarah Ginn.(C)

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Mary E.Robbins. (C)
(Informant).....
(Address) 106 S.Caroline St.

15- Filed AUG 2 - 1917 191..... HARRY C. ANDREWS Deputy Health Commissioner and Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31st. 1917. (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Prostration.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M Rennhardt M. D. (Coroner.)

Aug. 2, 1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury	Aug 3 1917
20-UNDERTAKER	ADDRESS
John W Henderson	917 Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7278

CERTIFICATE OF DEATH.

120 D 7278

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 955 N. Gay (St.;) 10 (Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel L. Daley

(Residence in Baltimore: No.) 955 N. Gay (St.:) 2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH Sept. 16 (Month) (Day), 1885 (Year)

7-AGE, 31 yrs. 10 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Decorator
(b) General nature of industry, business, or establishment in which employed (or employer): Window dresser

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER Samuel L. Daley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Leah J. Fuchs

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Grace E. Daley

(Address) 955 N. Gay St.

15-

AUG 2 - 1917

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH August 1st, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from January 25 1917 to August 1 1917
that I saw him alive on August 1 1917,
and that death occurred, on the date stated above, at 9.40 A m.

The CAUSE OF DEATH was as follows:*

Chronic Rheumatoid Arthritis 4

(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. A. Meyer M. D.

August 2 1917 (Address) 103 N Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem — DATE OF BURIAL, Aug. 3., 1917

20-UNDERTAKER Wm. Cook — ADDRESS 502 E Monument

Aug

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 7279

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 E Biddle ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A Wheat

(Residence in Baltimore: No. 1411 E Biddle St.) (If not in Baltimore, give usual residence.) Life yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Dec 4 (Month), ... (Day), 1846 (Year)

7-AGE, 70 yrs. 7 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Andrew Hall

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Marie Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Ennis

(Address) 1411 E Biddle St

15-

Filed AUG 2 1917, 191.... HARRY C. ARNOLD Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 1 (Month), (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23, 1917, to Aug. 1, 1917, that I saw her alive on Aug. 1, 1917, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency

(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin B. Tenby, M. D.

Aug. 2, 1917. (Address) 1223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Aug 3, 1917

20-UNDERTAKER Wm Corpl — ADDRESS 402 E Hoff

important. See instructions on back of certificate.

D 7280 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 7280

CERTIFICATE OF DEATH. 179

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 126 W.Cross St. ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T.Lyons.

(Residence in Baltimore: No. 126 W.Cross St. St.: 36 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	White.	Widower.

6-DATE OF BIRTH, Do not know. (Month) , 1 (Day) (Year)

7-AGE,	If LESS than 1 day,
54. yrs. -- mos. -- ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster shucker.
(b) General nature of industry, business, or establishment in which employed (or employer): (Blind man)

9-BIRTHPLACE, (State or Country), Alexandria Va,

PARENTS.

10-NAME OF FATHER, John T.Lyons.

11-BIRTHPLACE OF FATHER (State or Country), Alexandria Va.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
James J.Nightingale.(son)
(Informant)
(Address) 346 S.Exeter St.

15-
Filed ..... AUG 2 1917 , 191.....
HARRY O. ANDREWS
BUREAU OF VITAL STATISTICS
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31st.1917. (Month) (Day) , 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Heat Prostration.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Otto M.Reinhardt M. D.
(Coroner.)
Aug.2,1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Edgar Hill Cem	Aug 3 1917
20-UNDERTAKER, W.D.Coyle and Son	ADDRESS, 156 Lee St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7281

CERTIFICATE OF DEATH.

90 D 7281

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3054 Cedar Ave ST.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Rogers.

(Residence in Baltimore: No. 3054 Cedar Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, July 7 (Month) (Day) 1835 (Year)

7-AGE, 82 yrs. 11 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Darrell A Shanck

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Rosa Free

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary V Rogers

(Address) 3054 Cedar Ave

15-

Filed AUG 2 1917 191.... HARRY C. ANDREWS Registrar.

Serial Letter and Number (1)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1917, to Aug 1 1917, that I saw her alive on July 31 1917, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. 12 hrs.

CONTRIBUTORY (Secondary) Catarrhal Bronchitis

(Duration) ....yrs. ....mos. 4 ds.

(Signed) D J Kelly M. D.

Aug 1, 1917. (Address) 2849 Kolmar Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Md — DATE OF BURIAL, Aug 2, 191..

20-UNDERTAKER P S Marshall — ADDRESS 3539 Fallsway

Important. See instructions on back of certificate. Property classified. Exact statement of OCCUPATION is very

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7282

CERTIFICATE OF DEATH.

113 D 7282

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. W. Reddemeier

(Residence in Baltimore: No. 130 Mosher St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, Over 1 year and
.....52..... yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Elevator
(b) General nature of industry, business, or establishment in which employed (or employer)..... Op

9-BIRTHPLACE, (State or Country), City Balto

PARENTS.

10-NAME OF FATHER, Joseph H. Reddemeier

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Reddemeier

(Address)..... 130 Mosher

15- AUG 2 1917 HARRY O. ANDREWS

Filed....., 191..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...July 31...., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ...Inquest.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.) find that said deceased came to ...his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Cirrhosis Liver

.....

.....

.....

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) .....M. D.
(Coroner)

Aug 2, 191 7 (Address) 1659 Brady

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. 1 mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem — DATE OF BURIAL, Aug. 3, 1917

20-UNDERTAKER J. J. Curran & Son — ADDRESS 907 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7283

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7283

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Womans Hospital

REGISTERED No. C

CITY OF BALTIMORE: (No. ..... ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maud Viola Hull

(Residence in Baltimore: No. 4760 Pimlico Road St.; 25 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH, July 23, 1881.
(Month) (Day) (Year)

7-AGE, 36 yrs. ... mos. 9 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer): 069

9-BIRTHPLACE, (State or Country) Carroll Co- Md

PARENTS.

10-NAME OF FATHER, John C. Hull

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Laura Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude F. Webster

(Address) Womans Hospital

15- AUG 2 - 1917

Filed ....., 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to Aug 2 1917, that I saw h er alive on Aug 2 1917, and that death occurred, on the date stated above, at 9:15 a m.

The CAUSE OF DEATH* was as follows:

Sarcoma of The Ovary

Post operative

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Carcinoma

(Duration) ... yrs. ... mos. + ds.

(Signed) Hallie M. Clark M. D.

Aug. 2, 191 7. (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 7 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 4760 Pimlico Road

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem

DATE OF BURIAL, Aug 4, 1917.

20-UNDERTAKER Harry W. Eden

ADDRESS 1944 W. Nor[illegible]

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7284

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7284

CERTIFICATE OF DEATH.

170

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3526 Druid Hill Ave. ST. 13 WARD)

(If death occurred in a hospital or institution, give (1) NAME instead of street and number and fill Out No. 18.)

2-FULL NAME Iva Barber

(Residence in Baltimore: No. 3526 Druid Hill Ave St.; 7 yrs., mos. ds.)

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, October 23, 1894
(Month) (Day) (Year)

7-AGE, 22 yrs. 9 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

X

9-BIRTHPLACE, (State or Country), Carroll Co

PARENTS.

10-NAME OF FATHER, — Green

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co

12-MAIDEN NAME OF MOTHER Clara Reese

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clyde Barber

(Address) 3526 Druid Hill

15-

AUG 2 1917

Filed....., 191.....

HARRY C. ARMAND
Asst. Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1917, to July 31 1917, that I saw her alive on July 31 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Uremia Nephritis

Chronic Interstitial Nephritis (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bright Disease

..... (Duration) yrs. 2 mos. ds.

(Signed) Joseph T. Hearn M. D.

July 31, 1917. (Address) 1621 E Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Carrollton - Md

DATE OF BURIAL, Aug. 3, 1917

20-UNDERTAKER Wm Cook

ADDRESS 502 E. North

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7285

CERTIFICATE OF DEATH.

104 D 7285

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 W. Pratt St. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Wilbur Stein.

(Residence in Baltimore: No. 1335 W. pratt St. St.; ...yrs., 5 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White.	Single

6-DATE OF BIRTH, February (Month) 12 (Day), 1917 (Year)

7-AGE, 0 yrs. 5 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Michael Stein.

11-BIRTHPLACE OF FATHER (State or Country), Austria.

12-MAIDEN NAME OF MOTHER Ethel Spearman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Spearman.

(Address) 1335 W. Pratt St.

15- AUG 2 1917

Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 1 (Day), 1917. (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 21 1917, to Aug 1st 1917, that I saw h[illegible] alive on July 31st 1917, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ...yrs. ...mos. 10 ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) ...yrs. ...mos. ...ds.

(Signed) Benj. Ondelacy M. D.

8/2/17 191... (Address) 400 N Payson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
[illegible] Peters	Aug 3..., 191.7.
20-UNDERTAKER Jas R Cook	ADDRESS 1003 W Balto St

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

O.K. A.F.S.

Spec.—8-24-14—M [illegible]—3500 Bks.

D 7286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103

D 7286

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 755 Ramsey ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. E. Merson Sr

(Residence in Baltimore: No. 755 Ramsey St St.; 60 yrs., ~ mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, March (Month) 10 (Day), 1844 (Year)

7-AGE, 73 yrs. 4 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Ins. Collector
(b) General nature of industry, business, or establishment in which employed (or employer)..... Trans. Friendly Soc.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thos Merson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Merson

(Address) 755 S. Ramsey St

15-

AUG 2 - 1917

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 2 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25 1917, to Aug 2 1917, that I saw h[illegible] alive on Aug 1 — 1917, and that death occurred, on the date stated above, at one p.m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) ....yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Extreme heat and old age

(Duration) ....yrs. ....mos. 7 ds.

(Signed) M Etzinger M. D.

Aug 2, 1917 (Address) 632 Calhoun Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, August 4, 1917

20-UNDERTAKER J. P. Cook — ADDRESS 1003 Madison

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7287.

CERTIFICATE OF DEATH.

74 ✓ D 7287.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Caulton (Carlton)

(Residence in Baltimore: No. 115 S Strieker St St.; 17 yrs., ... mos. ... ds.)

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, November 22, 1865
(Month) (Day) (Year)

7-AGE, 51 yrs. 9 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hosp

15-

AUG 2 - 1917 HENRY C. ANDREWS DEPUTY REGISTRAR

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 22 1917, to August 2 1917, that I saw her alive on August 2 1917, and that death occurred, on the date stated above, at 12 M. p.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor (Glioma)

(Duration) 4 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia Broncho

(Duration) ... yrs. ... mos. 7 ds.

(Signed) R. P. Batchelor M. D.

Aug. 5, 191... (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 11 ds. In the State 17 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 115 S. Strieker St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	Aug. 5..., 191...
20-UNDERTAKER	ADDRESS
Jos B Cook	1003 Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7288

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 N. Madeira St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George William Johnson

(Residence in Baltimore: No. 625 N. ~~Eutaw~~ Madeira St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 20, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 11 mos. 11 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): 0 0 0

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Johnson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Laughlin

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Laughlin

(Address) 612 N. Patterson Park Av

15-

AUG 2 1917

Filed....., 191.....

HARRY C. ANDREWS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 1, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22 1917, to July 31 1917, that I saw h~~im~~er alive on July 31 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Marasmus

over

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) J. J. Ruzicka M. D.

Aug 1, 1917. (Address) 604 N. Patterson Park Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cemetary

DATE OF BURIAL, Aug 3, 1917

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

Notice.—Certificate must be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7289

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7289

CERTIFICATE OF DEATH.

REGISTERED No. C 74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 S. Wolfe. ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antoni Wachniak

(Residence in Baltimore: No. 716 S. Wolfe. St.: 10 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 20 (Day) 1877 (Year)

7-AGE, 40 yrs. 3 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Russian Poland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catharine Machniak

(Address) 716 S. Wolfe St

15- AUG 2 1917 HARRY C. ANDREWS Deputy Registrar of Vital Statistics

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 1st, (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased on July 31st 1917, ~~to 191~~, that I saw him alive on July 31st 1917, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Tetany

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Dilatation of Stomach

(Duration)....yrs....mos. 2 ds.

(Signed) Edw M Brushwood M. D.

Aug. 2d, 1917. (Address) 5 N. Washington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Aug. 4, 1917

20-UNDERTAKER Williams Fialkowski — ADDRESS 1618 Eden add

important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7290

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1104 E.Fort Ave. ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel H.Jackson.

(Residence in Baltimore: No. 1104 E.Fort Ave. St.; 62 yrs. 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Widower.

6-DATE OF BIRTH, June 24th. 1855, (Month) 1 (Day) (Year)

7-AGE, 62 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer in
(b) General nature of industry, business, or establishment in which employed (or employer): Enamel works.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country), Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Hemerich (daughter)

(Address) 1104 E.Fort Ave.

15- Filed AUG 2 1917, 191... HARRY O. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30th. 1917., (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Rennhardt M. D. (Coroner.)

Aug. 2, 1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Aug. 3, 1917

20-UNDERTAKER M. J. Flynn ADDRESS 1422 Light

Spec.—8-24-14—M. & T.—2000 Bks.

D 7291

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7291

CERTIFICATE OF DEATH.

105

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 140 W. Ostend ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Harrigan

(Residence in Baltimore: No. 140 W. Ostend St.; 1 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug (Month) 21 (Day), 1911 (Year)

7-AGE,	If LESS than 1 day,
5 yrs. 11 mos. 10 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Geo. F. Harrigan

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER Ethel Jarboe

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Harrigan

(Address) 140 W. Ostend St

15- AUG 2 1917 HARRY C. WILLIAMS Special Deputy Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31st (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1917, to July 31st 1917, that I saw h[illegible] alive on July 31st 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) J. E. D[illegible] M. D.

Aug 2, 1917 (Address) 107 S. Wash St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Aug 3, 1917

20-UNDERTAKER M. Flynn ADDRESS 1722 Light St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7292

CERTIFICATE OF DEATH.

186 D 7292

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Guntrum

(Residence in Baltimore: No. 1117 W. Ostend St.; 1 yrs., 8 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Nov. (Month) 26 (Day), 1915 (Year)

7-AGE, 1 yrs. 8 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Henry Guntrum

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Maud A. Smering

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Smering

(Address) 1117 W. Ostend

15- AUG 2 1917 HARRY C. ARCHER Burial Permit Agent

Filed....., 191.....Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 1 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ~~July~~ Aug 1 1917, to Aug 1 1917, that I saw him alive on Aug 1 1917, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Burning body surface
Oesophagus Stricture

(Duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry B Conrad M. D.

Aug 1, 1917. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 1 yrs. 8 mos. 5 ds.

Where was disease contracted, if not at place of death? 1210 W. Cross St

Former or usual residence 1117 W. Ostend St.

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Aug. 4..., 1917.

20-UNDERTAKER M. D. Flynn ADDRESS 1432 Light St

over

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

7293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

H14 7293

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Bonnaville

(Residence in Baltimore: No. none In Hospital St.; ....yrs.,....mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ~~Aug~~ Sept ~~28~~, 19 ~~17~~ 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. 10 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Lon. Hales

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Powell

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maryland General Hos.

(Address) Mulberry & Linden Ave.

15- Filed AUG 2 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1917, to Aug 2 1917, that I saw her alive on Aug 1-17 1917, and that death occurred, on the date stated above, at 1:55 P m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

..... (Duration) 15 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. W. Johnson M. D.

Aug 2, 1917 (Address) Md Gen Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State 54 yrs. 10 mos. 14 ds.

Where was disease contracted, if not at place of death? Snow Hill Md.

Former or usual residence same

19-PLACE OF BURIAL OR REMOVAL, Snow Hill Md — DATE OF BURIAL, Aug 3, 1917

20-UNDERTAKER John O. Mitchell — ADDRESS 1201 W. Fayette St

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

D 7294 — HEALTH DEPARTMENT—CITY OF BALTIMORE — C 7294

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C 154

CITY OF BALTIMORE: (No. 4006 Edmondson Av. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Joseph Pentz

(Residence in Baltimore: No. 19 S Calhoun st St.; Life yrs., mos. ds.)

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~, (Write the word.) Widower

6-DATE OF BIRTH, July 31, 1842 (Month) (Day) (Year)

7-AGE, 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Retired 034
(b) General nature of industry, business, or establishment in which employed (or employer), Grain Merchant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Pentz

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Hamptons (Elizabeth)

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) 4006 Edmondson Av

15- AUG 2 1917 HARRY C. ANDREWS

Filed ....., 191.. [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1917, to July 31 1917, that I saw h[illegible] alive on July 31 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Senility Asthenia

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 4 mos. 4 ds.

(Signed) [illegible] M. D.

191.. Address [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 1 ds. In the State 75 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 19 S Calhoun St

Former or usual residence 19 S Calhoun St

19-PLACE OF BURIAL, OR REMOVAL, Edmondson Ave — DATE OF BURIAL, Aug 3, 1917

20-UNDERTAKER Jno F Hahn & Sons — ADDRESS 3 N Eutaw

D 7295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7295

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1442 Mosher ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Bruce

(Residence in Baltimore: No. 1442 Mosher St.; yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col'd	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, (12) 12 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Chas. Bruce

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Fluence Burrell

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fluence Bruce

(Address) 1442 Mosher

15- AUG 3 - 1917 HABRY M. ... Clerk

Filed ....., 191 .... M. 25 .....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

Asphyxia Strangulation
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
(Coroner.)

Aug 1, 1917 (Address) 622 Bush

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Aug 4 1917

20-UNDERTAKER Samuel Hendley — ADDRESS 2 Bloxhill

D 7296

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 7296

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1941 Druid Hill Ave ST. 14 WARD) 164 REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H Dorsey

(Residence in Baltimore: No. 1941 Druid Hill Ave St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day), 1900 (Year)

7-AGE, 17 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... C&O

9-BIRTHPLACE, (State or Country), MD

PARENTS.

10-NAME OF FATHER, Wm H Dorsey

11-BIRTHPLACE OF FATHER (State or Country), MD

12-MAIDEN NAME OF MOTHER Annie Mean

13-BIRTHPLACE OF MOTHER (State or Country), MD

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Dorsey

(Address) 194 Druid Hill Ave

15-

AUG 3 - 1917

Burial Permit Clerk

Filed ....., 191.. W.B.S.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquisition (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Esson Jr M. D.
(Coroner.)

August 8 1917 (Address) 210 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Aug ....., 191.7

20-UNDERTAKER Samuel Hemsley

ADDRESS 57 N Bolle

P 7297 HEALTH DEPARTMENT—CITY OF BALTIMORE. P 7297.

CERTIFICATE OF DEATH.

REGISTERED No. C 74

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 347 N. Leakurst ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Holland

(Residence in Baltimore: No. 347 N. Leakurst St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE. 63 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar-tender
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Bernard Holland

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Catherine McTague

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Myron Holland

(Address) Hotel Clemens

15- AUG 3 - 1917 HARRY O. ANDREWS

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cardiac Embolism

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

(Signed) W. T. Ruby (Coroner) M. D.

Aug 2, 1917 (Address) 1639 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: ....., 19....

UNDERTAKER: H. Fitzpatrick ADDRESS: 434 N. Howard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17 2 5 D 7298

HEALTH DEPARTMENT—CITY OF BALTIMORE

183 D 7298

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. M & Gnd. Asylum St., 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Sims

(Residence in Baltimore: No. 1104 N. Carlton St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Married

6-DATE OF BIRTH, ..., 1875
(Month) (Day) (Year)

7-AGE, 42 yrs. mos. ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Gardener
(b) General nature of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Wm Sims

11-BIRTHPLACE OF FATHER (State or Country), Washington Co

12-MAIDEN NAME OF MOTHER Martha Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter

(Address) 1104 N Carlton

15-

Filed AUG 3 - 1917, 191... HARRY C. ANDREWS Registered Permit Clerk.

4185. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.)
find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Pulmonary

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Stomach trouble

Chronic Intestinal

(Duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)

Aug 2, 1917. (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 4, 1917

20-UNDERTAKER Edward Ringgold — ADDRESS 1463 N Bway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7299

CERTIFICATE OF DEATH.

28

D 7299

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernice Richardson.

(Residence in Baltimore: No. ..... St.; .....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November - 8, 1892
(Month) (Day) (Year)

7-AGE, 24 yrs. 8 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farm Hand
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer.

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Richard Richardson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Martha Watkins

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. T. Bovard

(Address) Maryland Penitentiary

15- AUG 3 - 1917 HARRY C. ANDREWS

Filed....., 191.. Burial Permit Clerk.

W.P.B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August - 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May - 24 1917, to August - 1 1917, that I saw him alive on July - 31 1917, and that death occurred, on the date stated above, at 4 50 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis and Exhaustion

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 2 mos. 7 ds.

(Signed) William F. Schwatz M. D.

8/1, 1917. (Address) Md. Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 2 mos. 12 ds. In the State yrs. mos. ds.

Where wes disease contracted, if not at place of death?

Former or usual residence Chester, Kent Island - Md.

19-PLACE OF BURIAL OR REMOVAL Kent Island Md DATE OF BURIAL, Aug 3, 1917.

20-UNDERTAKER Chas T. Evans & Son ADDRESS 118 W. Royal

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7300

CERTIFICATE OF DEATH.

120 D 7300

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 512 N. Preston ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Jones

(Residence in Baltimore: No. 512 N. Preston St.; ....yrs., mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) ....., (Day) 1827 (Year)

7-AGE, 90 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nannie Johnson

(Address) 512 N Preston St

15- AUG 3-1917 HARRY [illegible]

Filed....., 191.... Burial Permit ..... Registrar. MB 5

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 12 1916, to July 31 1917, that I saw h[illegible] alive on July 28 1917, and that death occurred, on the date stated above, at 8.50 m.

The CAUSE OF DEATH* was as follows:
Phronic interstitial
nephritis
about
(Duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) old age and
(Duration) ? yrs. mos. ds.
(Signed) Jno. H. Tompkins M. D.
Aug. 1, 1917. (Address) 1019 Dumbarton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Aug. 3, 1917

20-UNDERTAKER John H. Toadvine — ADDRESS 142 W. Lee St.

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

P 7301

105 7301

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Pennsylvania Av ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucille Lownes

(Residence in Baltimore: No. 1619 Pennsylvania Ave St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Aug (Month) 30 (Day), 1913 (Year)

7-AGE, 3 yrs. 11 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wyatt M. Lownes

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Elizabeth Causey

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. M. Lownes

(Address) 1619 Pennsylvania Av

15- AUG 3 - 1917 HARRY D. ENSOR

Filed....., 191. Burial Permit Clerk

W.B.P. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 2 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 24 1917, to Aug 2 1917, that I saw her alive on Aug 2. 1917, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Gastro - Enteritis

(Duration).....yrs.....mos. 10 ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration).....yrs.....mos.....ds.

(Signed) William E. Burdon M. D.

Aug 2., 191.7 (Address) 762 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion. Cem	Aug 4 191.7
20-UNDERTAKER John H. Jordan	ADDRESS 142 Worthington St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7302

CERTIFICATE OF DEATH.

D 7302

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Ashland ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Wise

(Residence in Baltimore: No. 1821 Ashland ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Nov. 29, 1873 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
44 yrs. 4 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... —
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Geo Schmidt

(Address) 1821 Ashland Ave

15-

Filed AUG 3 - 1917, 191.... HARRY C. ARMEL Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1917, to July 2 1917, that I saw her alive on July 2 1917, and that death occurred, on the date stated above, at 12-10 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jacob Frahm M. D.

July 3 1917. (Address) 1823 N Mad St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Aug 4., 1917.

20-UNDERTAKER Peter Nicolaus — ADDRESS 2046 Eastern Ave

Important. See instructions on back of certificate. Illegible, incomplete or inaccurate statement of OCCUPATION is very

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78 ✓ D. 7303

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 246 N Gilmor ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George D. Hammersley

(Residence in Baltimore: No. 246 N. Gilmor St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Sept (Month) 16 (Day), 1871 (Year)

7-AGE,	If LESS than 1 day,
46 yrs. 10 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Trucker 2145
(b) General nature of industry, business, or establishment in which employed (or employer): City Market

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George D. Hammersley

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Dilsen

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J. N. Bell

(Address) 722 N. Fulton Ave

15-

Filed AUG 3 - 1917, 191... HARRY C. BISHOP Burial Permit Clerk

W. B. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(Duration) 2 yrs. mos. 1/2 ds.

(Signed) James M. Fenton M. D. (Coroner.)

Aug 3, 1917. (Address) 700 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount	Aug 5, 1917
20-UNDERTAKER Williams Cork	ADDRESS 3026 Norther

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7304

CERTIFICATE OF DEATH.

104 D 7304

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 915 S Harris Alley ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Rostek

(Residence in Baltimore: No. 915 S. Harris Alley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Oct (Month) 22 (Day), 1917 (Year)

7-AGE,	If LESS than 1 day,
yrs. 10 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Peter Rostek

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Anna Sobb

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Rostek

(Address) 915 S Harris Alley

15- AUG 3 1917 Burial Permit Clerk

Filed....., 191... Wm R.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intro Enteritis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Henry Lynn Smith M. D. (Coroner.)

Aug 3, 1917. (Address) 1610 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary Cem	Aug. 3, 1917
20-UNDERTAKER	ADDRESS
Stephen J Fiachowski	1019 Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7305

CERTIFICATE OF DEATH.

104 D 7305

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 S Curley ST.: ✓ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton Dypzky

(Residence in Baltimore: No. 924 S. Curley St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... Sept (Month) 22 (Day), 1916 (Year)

7-AGE, ... yrs. 10 mos. 11 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Julius Dypzki

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Katie Dudek

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Julius Dypzky

(Address) ..... 924 S Curley

15-

Filed ..... 191.....

AUG 3 1917 HARRY C. [illegible]
Burial Permit Clerk
M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug (Month) 1 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25 1917, to Aug 1 1917, that I saw h— alive on Aug 1 1917, and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

..... Enteroc Colitis.

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

..... (Duration) ..... yrs. ..... mos. 1 da.

(Signed) W. J. Bowers M. D.

Aug 3, 191.7 (Address) 1003 N Eden St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	Aug 3, 191.7
20-UNDERTAKER	**ADDRESS**
Stephen J Fialkowski	1019 N Rem wood Ave

Important. See instructions on back of certificate. Accuracy essential. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7306

CERTIFICATE OF DEATH.

64 ✓ D 7306

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 E. Chase St.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anne Cornelia Flynn

(Residence in Baltimore: No. 304 E. Chase St.; ....yrs., ...mos. ....ds.)

Important. See instructions on back of certificate. Every Christmas. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 5 (Day), 1850 (Year)

7-AGE, 67 yrs. 1 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John F Flynn

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Mary A Riley

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Bourke

(Address) 304 E Chase St

15- AUG 3 1917

Filed....., 191... H. M. D. Registrar. HARRY O. ANDREWS Deputy Health Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 1 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 191..., to Aug 1 191..., that I saw h.r alive on Aug 1 191..., and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) ....yrs. ....mos. 1 ds.

(Signed) J. H. Robinson M. D.

....., 191... (Address) 726 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Aug 3..., 191.7

20-UNDERTAKER H. C. Wadefield — ADDRESS 9 E Lanvale

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7307

CERTIFICATE OF DEATH.

64 D 7307

REGISTERED No. C.....

1-PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. ..... ST.) 10 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Maynes

(Residence in Baltimore: No. Little Sisters of the Poor St.; ..... yrs., 60 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 10, 1841 (Month) (Day) (Year)

7-AGE, 76 yrs. 2 mos. 21 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Maynes

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Rose Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- AUG 2 1917 HARRY COAN REG. Burial Permit Clerk

Filed ....., 191.. M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 1st, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1 1917, 191.., to ....., 191.., that I saw h.. alive on Aug 1, 191.., and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

.....

Excessive heat

..... (Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) Cerebral apoplexy

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) F. H. Warner M. D.

Aug 2, 191.. (Address) 1132 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. 6 mos. ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Long Green — DATE OF BURIAL, Aug 4, 191..

20-UNDERTAKER Wm. Rockell & Bro — ADDRESS Fremont St

Important. See instructions on back of certificate. Every Question must be answered. Last Statement of OCCUPATION is very

D 7308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 7308

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 3000 McKay's Court ST.; 1 WARD)

2-FULL NAME Elizabeth Miller

(Residence in Baltimore: No. 3000 McKay's Court St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ..., 1869
(Month) (Day) (Year)

7-AGE, 48 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Conrad Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Kubens

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Nelson

(Address) 504 S. Queen St.

15-

Filed....., 191...

HARRY O. ANSELM
Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Heart

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Byrd Davis M. D.
(Coroner.)

Aug 7, 1917 (Address) 610 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Aug 3, 1917

20-UNDERTAKER A. Zander Sons ADDRESS 1710 Eutaw St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1928 Strong ST.; 14 WARD)

2-FULL NAME Edna Mae Lee

(Residence in Baltimore: No. 1928 S Strong St.; yrs., mos. ds.)

Registered No. C D 7300

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col	Single

6-DATE OF BIRTH, Aug. 20, 1917
(Month) (Day) (Year)

7-AGE, yrs. 3 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Geo Smith

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ethel Lee

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 122 S Ethan

15- AUG 3 - 1917 HARRY C. ANDREWS

Filed ....., 191.... BURIAL PERMIT O..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY. Mal Nutrition
(Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

Aug 3, 191.. (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemy — DATE OF BURIAL, Aug 5, 1917

20-UNDERTAKER George H. Holland — ADDRESS 1631 N Grundy

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 ✓ REGISTERED No. C D 7310

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 541 W Conway ST. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis H Block

(Residence in Baltimore: No. 541 W Conway St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M.

4-COLOR OR RACE, W.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 5, 1841
(Month) (Day) (Year)

7-AGE, 36 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 013

9-BIRTHPLACE, (State or Country), Philadelphia Pa.

PARENTS.

10-NAME OF FATHER, Alexander Block

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy H Block

(Address) 541 W Conway

15- AUG 4 1917 HARRY O. ANGEL

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Stroke

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C L Duncan M. D.
(Coroner)

Aug 3, 1917 (Address) 527 Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Aug 5, 1917

20-UNDERTAKER Jos Juerdens Son ADDRESS 2021 Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 4 D. 7311

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 Sarah Ann St.; 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Booza

(Residence in Baltimore: No. 633 Sarah Ann St.; ....yrs., ...mos. 2 ds.) 10 days

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colord	Single

6-DATE OF BIRTH, May 23 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 2 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none 00
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Waldorf Md.

PARENTS.

10-NAME OF FATHER Wm Booze

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Matt Booze

13-BIRTHPLACE OF MOTHER (State or Country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Booze

(Address) 633 Sarah Ann

15-

AUG 3 - 1917 HARRY C. ANDREWS

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1917, to Aug 2 1917, that I saw h[illegible] alive on Aug 2 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Heat Prostration

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Frank W Gunnon M. D.

Aug 2, 1917. (Address) 322 N Gruen

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	Aug 3, 1917.
20-UNDERTAKER	ADDRESS
Daniel Easton	916 Penna Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7312

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7312

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904) John St.; 11 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clayton Cannon

(Residence in Baltimore: No. 1304 John St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, about 8 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Retired 050
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Banker

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jacob Cannon

11-BIRTHPLACE OF FATHER (State or Country), Del.

12-MAIDEN NAME OF MOTHER Sturgis

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clayton C. Cannon

(Address) 1304 John St

15-

Filed ....., 191.... B. Registrar.

AUG 3 1917 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 1st, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21st 1917, to Aug 1st 1917, that I saw him alive on July 31st 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Debility due to extreme age

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Excessively hot weather

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. L. Shearer M. D.

Aug 5th, 1917. (Address) 905 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	Aug 3, 191..
20-UNDERTAKER	ADDRESS
W. J. Pickwell & Son	North Ave & Pa

important. See instructions on back of certificate.

905 Charles

Spec.—8-24-14—M. & T.—2000 Bks.

D 7313

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7313

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 W. Lee ST.; 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabel Webb

(Residence in Baltimore: No. 202 W. Lee St. St.; 46 yrs. — mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, July 12, 1871 (Month) (Day) (Year)

7-AGE, 46 yrs. — mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Webb

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hester Kelly

(Address) 202 W. Lee St.

15-

Filed....., 191.....

D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1917, to Aug. 2, 1917, that I saw her alive on July 29, 1917, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Chronic
Pulmonary
Tuberculosis

(Duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) David Strauchon M. D.

8/3/, 191.7 (Address) 122 W Lee

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetary

DATE OF BURIAL, Aug. 4, 1917

20-UNDERTAKER W. J. Eckert & Son

ADDRESS Catonsville Md

AUG 3 1917 HARRY C. ANDREWS

Important. See instructions on back of certificate.

D 7314

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7314

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 729 W. Baltimore St. 4th WARD)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Marie Miller

(Residence in Baltimore: No. 729 W. Baltimore St.; yrs. mos. 17 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: F.

4-COLOR OR RACE: W.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July 16, 1917 (Month) (Day) (Year)

7-AGE: yrs. mos. 17 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): U.S.

PARENTS

10-NAME OF FATHER: Albert A. Miller

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Gertrude Cook

13-BIRTHPLACE OF MOTHER (State or country): U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert Edgard Miller

(Address) 729 W. Baltimore St

15-

Filed ....., 191.... B. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug 2, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 16, 1917. to Aug 2 1917.
that I saw h[er] alive on Aug 2, 1917
and that death occurred, on the date stated above, at 7 45 A.m.
The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) yrs. mos. ds

Contributory (SECONDARY): Exhaustion

(Duration) yrs. mos. ds.

(Signed), Henry A Weinberger M. D.

Aug 2, 1917 (Address) 724 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: 8-3, 1917

20-UNDERTAKER: H. L. Brannum & Son

ADDRESS: 317 N. Schroeder St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7315

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7315

39

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 E. Lafayette Ave. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James B. Finnan

(Residence in Baltimore: No. 325 E. Lafayette Ave. St.; ....yrs., ...mos., 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (*Write* the word.) Single

6-DATE OF BIRTH, Sept. 16" (Month) (Day), 1857 (Year)

7-AGE, 59 yrs. 10 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in (which employed (or employer)..... Telegraph Operator

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Owen Finnan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mannora Scott

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. J. Roddy

(Address) 325 E. Lafayette Ave.

15-

Filed....., 191.....

....., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1917, to July 31 1917, that I saw him alive on July 30 1917, and that death occurred, on the date stated above, at 12 20 p. m.

The CAUSE OF DEATH* was as follows:

Cancer of Jaw

Exhaustion

(Duration) 1 yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Enteritis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Davis D. Stamp M. D.

July 31, 1917. (Address) 1216 N. Courtland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Mary's Cem Govd — DATE OF BURIAL, Aug 4, 191.7

20-UNDERTAKER Chas F. Ware & Son — ADDRESS 1811 W Royal Ave

important. See instructions on back of certificate.

D 7316

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7316

P

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 600 Homestead St ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Agnes Delanty

(Residence in Baltimore: No. 600 Homestead ST.: 40 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): single

6-DATE OF BIRTH: Sept (Month) 21 (Day), 1852 (Year)

7-AGE: 64 yrs. 10 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE (State or country): Balto. Co. Md.

PARENTS

10-NAME OF FATHER: Wm Delanty

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Martha Young

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma V. Holland

(Address) 600 Homestead St.

15.

Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12, 1917, to, Aug 2- 1917, that I saw h.. alive on Aug 1st, 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cerebral meningitis

(Duration) — yrs. — mos. 21 ds

Contributory (SECONDARY): Chronic suppurative otitis media

(Duration) — yrs. — mos. 21 ds.

(Signed), H. G. Dantzas M. D.

Aug. 2-, 1917. (Address) 634 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug 4, 1917

20-UNDERTAKER: John O. Mitchell — ADDRESS: 120 W. Fayette St.

AUG 3 - 1917

Burial Permit Clerk

Spec.—5-19-13—M. & T.—500 Bks.

D 7317

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7317 ✓

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE: (No. St. Elizabeth's Home ST.; ..... WARD) REGISTERED No. C 179

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Hebing

(Residence in Baltimore: No. St. Elizabeths Home St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, Oct 16, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Frederick Co. Md.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Mother Mary Mildred

(Address) St. Elizabeth's Home

15-

Filed ....., 191.....

..... Registrar.

AUG 3 - 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 1 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1 1917, to Aug 1 1917 that I saw her alive on July 31 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Heat Prostration.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Goldberg M. D.

8-2 191 7 (Address) 2031 W. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 2 mos. ..... ds. In the State 1 yrs. 2 mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Aug. 3, 191.7

20-UNDERTAKER George R. Holland ADDRESS 1691 Harund Ave

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7318

CERTIFICATE OF DEATH.

150 D 7318

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's Home ST.) WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Tibbe

(Residence in Baltimore: No. St. Elizabeth's Home ST.) (If not in Baltimore, give town and State.) (Age: yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Negro

5-SINGLE, ~~MARRIED, WIDOW(ER), OR DIVORCED;~~ (Write the word.) Single

6-DATE OF BIRTH, May 3, 1914
(Month) (Day) (Year)

7-AGE, yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mother Mary Superior

(Address) St. Elizabeth's Home

15- AUG 2 - 1917 Burial Permit Clerk

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 191 , to Aug 1 191 7.
that I saw h[illegible] alive on Aug 1 191 7.
and that death occurred, on the date stated above, at 3 7 m.
The CAUSE OF DEATH* was as follows:

Pyloric Stenosis
Congenital

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Harry Goldberg M. D.

8-2 191 7 (Address) 2031 W. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State yrs. 3 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Catholic Cemetery

DATE OF BURIAL, Aug 3, 1917

20-UNDERTAKER George H. Hollang

ADDRESS 1431 Hanover

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7319 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7319.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 Portland ST.; 22 WARD) REGISTERED NO. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bactus Zolinas

(Residence in Baltimore: No. 636 Portland St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ...Aug.... (Month) ....2.... (Day) 1855 (Year)

7-AGE, 62 yrs. .... mos. .... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: 080

(a) Trade, profession, or particular kind of work....

(b) General nature of industry, business, or establishment in which employed (or employer) Tailor

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Vincent Zolinas

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ao

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Zolinas

(Address) 636 Portland St.

15-

AUG 3 1917 HARRY C. ANDREWS

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Aug 2.... (Month) .... (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1917, to Aug 2 1917, that I saw h in alive on Aug 2 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

A Hop Cerfy

.... (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

.... (Duration) 4 yrs. 4 mos. ....ds.

(Signed) Chas F Chanstee M. D.

Aug 3, 191.. (Address) 1506 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Aug. 4 1917

20-UNDERTAKER John Grabianchus ADDRESS 425 S. Paca St

Important. See instructions on back of certificate.

D. A. K. S.

7320

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 ✓ D 7320

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1PLACE OF DEATH

CITY OF BALTIMORE (No. 1428 Battery Ave. St.: 34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustave Klausner.

(Residence in Baltimore: No. 1428 Battery Ave. St.; 63 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	White.	Married.

6-DATE OF BIRTH, February 21st. 1848 (Month), / (Day) (Year)

7-AGE, 69 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar maker.
(b) General nature of industry, business, or establishment in which employed (or employer): 017

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Matthew Klausner.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Catherine Vogel.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Emma Klausner. (wife)
(Address) 1428 Battery Ave.

15- Filed AUG 4 - 1917, 191.... HARRY ... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 2nd. 1917. (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt (Coroner) M. D.

Aug. 2, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	8/5, 1917
20-UNDERTAKER J. Frew McCully	ADDRESS 130 E. Fort

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7321

CERTIFICATE OF DEATH.

D 7321

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 27 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Devine

(Residence in Baltimore: No. 4 E. York St. St.; — yrs., — mos. — ds.)

important. See instructions on back of certificate. Property ownership. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July (Month) ..... (Day) ....., 1866 (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Dorney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jim Fraley

(Address) 4 E York St

15- AUG 4 - 1917 HARRY D. ANDREWS

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1917, to Aug 2 1917, that I saw h[illegible] alive on Aug 2 1917, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) .....yrs. .....mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) J. Edward Norris M. D.

Aug 2, 1917. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 50 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at residence

Former or usual residence 4 E. York St.

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Hayford Aug. DATE OF BURIAL, Aug 4, 1917

20-UNDERTAKER M. Daly & Son ADDRESS 156 Lee St

Spec.—8-24-14—M. & T.—2000 Blks.

D 7322

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 7322

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Olive ST.; 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irwin M. Straub

(Residence in Baltimore: No. 1608 Olive St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 10 (Month) (Day) 1916 (Year)

7-AGE, ...yrs. 8 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John N. Straub

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna Unpack

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John N. Straub

(Address) 1608 Olive St

15-

Filed....., 191.....

HARRY C. ... ED...
Burial P...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1917, to Aug 2 1917, that I saw h... alive on Aug 2 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

2

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs. ....mos. 1 ds.

(Signed) R. A. Caudell M. D.

Aug 2, 1917 (Address) 164 N Howard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery DATE OF BURIAL, Aug 3 1917

20-UNDERTAKER Mrs J E Evans ADDRESS 1428 E Chase

important. See instructions on back of certificate. ...property examined. Each statement of OCCUPATION is very

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7323

79

1 PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. Church Home Infr. ST. ..... WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Catherine Buetting

(Residence in Baltimore: No. 624 N. Wash. st. St.: 48 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH April 13, 1869 (Month) (Day) (Year)

7 AGE 48 yrs. 2 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Ruler in Printing office
(b) General nature of industry, business, or establishment in which employed (or employer): 064

9 BIRTHPLACE (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Buetting

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Bayer

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Theresa Buetting

(Address) 624 N. Wash. st.

15 Filed AUG 4 - 1917 191 HARRY C. AMOREL Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 31, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1897, 191..., to July 30 1917.
that I saw her alive on July 30th, 1917.
and that death occurred, on the date stated above, at 11.27 p.m.
The CAUSE OF DEATH* was as follows:

Mitral Stenosis gradually progressive & resulting in non compensation & dilatation over 20 years (Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) non compensation dilatation heart, a few hours (Duration) ... yrs. ... mos. ... ds.

(Signed) Clement A Penrose M. D.

Aug 2, 1917. (Address) 2116 Eut Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. 15 ds. In the State ... yrs. Life mos. ... ds.
Where was disease contracted, if not at place of death? at Home
Former or usual residence 624 N. Wash. st.

19 PLACE OF BURIAL OR REMOVAL Holy Redeemer — DATE OF BURIAL Aug 4, 1917

20 UNDERTAKER Jos J. Burn 1560 N. — ADDRESS Luzerne ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7321

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7321

CERTIFICATE OF DEATH.

179

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 N. Charles ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Mayo Gately

(Residence in Baltimore: No. 1822 N Charles St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug 15th 1877
(Month) (Day) (Year)

7-AGE, 39 yrs. 11 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Dr M. J. Gately

11-BIRTHPLACE OF FATHER (State or Country), Washington

12-MAIDEN NAME OF MOTHER Josephine Martin

13-BIRTHPLACE OF MOTHER (State or Country), Washington

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Joseph Gately

(Address) 1820 N Charles St

15-

Filed AUG 4 - 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1917, to Aug 2 1917, that I saw h.. alive on " 2 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Heart from Nature

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Aug 3, 191.. (Address) 1518 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. DATE OF BURIAL, Aug 4, 1917.

20-UNDERTAKER John A Moran ADDRESS 300 E Balto

important. See instructions on back of certificate.

D 7325

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7325

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2032 Eckard St.) 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gilmer Davis,

(Residence in Baltimore: No. 2032 Eckard St.; Yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Wh

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, March 30, 1853 (Month) (Day) (Year)

7-AGE, 64 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Steelton 40

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, Edward Davis

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Clara ——

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gilmer Davis

(Address) 2032 Eckard

15-

Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Aug.... 2 ...., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ....Inquest.... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ....Inquest.... (Inquest, autopsy or inquiry.) find that said deceased came to ....death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Chronic Valvular Disease

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.
(Coroner.)

Aug 2 191... (Address) ....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemy	Aug 5., 191.?
20-UNDERTAKER	ADDRESS
Zirkler & Zirkler	E. Eager at

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

256

D 7326 HEALTH DEPARTMENT—CITY OF BALTIMORE. ✓ D 7326

CERTIFICATE OF DEATH.

REGISTERED No. C 151

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 730 Dallas St.) ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Odella Page

(Residence in Baltimore: No. 730 S. Dallas St.) St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 10, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore MD

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Page

13-BIRTHPLACE OF MOTHER (State or Country), MD

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Easter Calvert Stokes

(Address) 32nd (Pl.) near Broadway.

15- AUG 4 - 1917 HARRY O. ANDERS-
Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Thomas Ryan Smith Coroner. M. D.

July 19 1917 (Address) 1610 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 19....

20-UNDERTAKER ADDRESS

Commissioner Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 732 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓D 7327

183

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Jewish Hospital St.: 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Davis

(Residence in Baltimore: No. 1129 Bruce St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col.	?

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 19 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ? 463
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Dept

(Address) .....

15-

Filed....., 191.. .....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an August
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said August
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Tuberculosis due to stab wound
(b) Abdomen Homicide
(c) .....
(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....
(Duration) .....yrs.....mos.....ds.

(Signed) W. J. Riley M. D.
(Coroner.)

Aug 1, 1917 (Address) 1627 Bruce

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 1129 Bruce

Former or usual residence 1129 Bruce

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

AUG 4 1917 ROBERT O. ARMACOST PUBLIC CEMETERY Permit Clerk Commissioner Health

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7328 ✓ 28 D 7328

CERTIFICATE OF DEATH.

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's Home ST. (or) WARD)

2-FULL NAME Robert Doe

(Residence in Baltimore: No. St. Elizabeth's Home St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.)
Male	Negro	

6-DATE OF BIRTH, ... Aug (Month) 1 (Day), 1910 (Year)

7-AGE, 7 yrs. 3 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed AUG 4 - 1917 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1917, to Aug 3 1917, that I saw him alive on Aug 3 1917, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Harry Goldfarb M. D.

8-3, 1917 (Address) 203 W. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

important. See instructions on back of certificate. FAILURE TO GIVE FULL INFORMATION IS very

HARRY B. ARMSTRONG JOHNS HOPKINS HOSPITAL Aug 3 - 1917 Burial Permit Office

Spec.—8-24-14—M. & T.—2000 Blks.

D 7329

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7329

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1449 Covington ST.; 24 28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa M. Phillips

(Residence in Baltimore: No. 1449 Covington St.; 49 yrs., 11 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Aug 14, 1867
(Month) (Day) (Year)

7-AGE, 49 yrs. 11 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Montgomery

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Rosa Starr

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Phillips

(Address) 1449 Covington St.

15-

Filed AUG 4 - 1917, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2 1917, to Aug 2 1917, that I saw her alive on Aug 2 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows: —

Pulmonary tuberculosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Same

(Duration) yrs. mos. ds.

(Signed) Wm. E. Stigle M. D.

8/3, 1917. (Address) 131 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	Aug. 4, 1917.
20-UNDERTAKER M. J. Flynn	ADDRESS 145 Light St

important. See instructions on back of certificate. Especially examine, Each statement of OCCUPATION is very

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION necessary important. See instructions on back of certificate.

D 7330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 D 7330

REGISTERED No. C.....

1-PLACE OF DEATH On the Way to

CITY OF BALTIMORE (No. N. Gen. Hospital ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hugh Riley

(Residence in Baltimore: No. 135 S. Hughes. St.; yrs., 47 mos. 9 ds. 6)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept. 25, 1869
(Month) (Day) (Year)

7-AGE, 47 yrs. 9 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sea Man
(h) General nature of industry, business, or establishment in which employed (or employer)..... 627 080

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Patrick Riley

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Mooney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Katherine Riley

(Address)... Light St. and Warren ave

15-

AUG 4 - 1917

Filed....., 191.....

HARRY C. ANDREWS
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq.
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.)

find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed)..... M. D.
(Coroner.)

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State... yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem.

DATE OF BURIAL, Aug. 4., 19.17

20-UNDERTAKER M. D. Flynn

ADDRESS 1422 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 ✓ D 7331

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Kirby Lane St.; 16 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert R Brogan

(Residence in Baltimore: No. 611 Kirby Lane St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	single

6-DATE OF BIRTH, Aug (Month) 3 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 4 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Lodge Brogan

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Viola Simms

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Simms

(Address) 611 Kirby Lane

15- Filed AUG 4 - 1917, 191 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3d (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3d 1917, to Aug 3d 1917, that I saw h[illegible] alive on Aug 3d 1917, and that death occurred, on the date stated above, at 5-30 A m.

The CAUSE OF DEATH* was as follows:

Acute Atelectasis

..... (Duration) ..... yrs. 4 hours mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. L. Hammett M. D.

Aug 3d, 1917. (Address) 1017 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 4 hours ds. In the State 4 hours yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 611 Kirby Lane

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
London Park Cemetery	Aug 3rd, 1917
20-UNDERTAKER	ADDRESS
Frederick Lassahn Sons	Fullerton Md

Important. See instructions on back of certificate. Particular attention is very

D 7332

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

105 ✓ D 7332

1 PLACE OF DEATH — Registered No. C .....

CITY OF BALTIMORE (No. 909 Pierce St. 18 WARD) (If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anna Scott

(Residence in Baltimore: No. 909 Pierce St. 9 mos. 4 mos. ds.)

8

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: March (Month) 17 (Day) 1860 (Year)

7 AGE: 57 yrs. 4 mos. 17 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): 041

9 BIRTHPLACE (State or country): Balto City

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): City

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs H Scott

(Address) 909 Pierce St

15 Filed AUG 4 - 1917 191 HARRY C. ARNOLD (Deputy Comptroller Clerk) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 2 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1917, to Aug 2 1917, that I saw h es alive on July 31, 1917, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea + Enteritis

Dysentary

(Duration) ..... yrs. ..... mos. 15 ds

Contributory (SECONDARY) Exhaustation

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed), Vernon L. Norwood M. D
per J. L. Hooper M. D

....., 191..... (Address) 939 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Olive Cemetery | DATE OF BURIAL: Aug 25 191 7

20 UNDERTAKER: Wm J. Cowan | ADDRESS: 701 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 7333

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 N Glover St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Anna Helen Tribull

(Residence in Baltimore: No. 425 N Glover St St.; ... yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, November 3, 1858
(Month) (Day) (Year)

7-AGE, 58 yrs. 8 mos. 29 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Damm

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Casimir Rosemary

(Address) 425 N. Glover St.

15-

Filed AUG 4 1917, 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 1, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July ... 191..., to July 1 191..., that I saw h... alive on July 1 191..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Acute Dilation C. Myocarditis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward ... M. D.

8/1, 191... (Address) 413 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Aug 4, 191...

20-UNDERTAKER Lilly & Zeiler — ADDRESS 403 S. Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7334

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

19 D 7334

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1839 E. Eager ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Ritger.

(Residence in Baltimore: No. 1839 E. Eager St.; 62 yrs. mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, July 31st, 1855 (Month) (Day) (Year)

7-AGE, 62 yrs. mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): 04

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Adam Ritger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katharine Weigelberger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Ritger

(Address) 1839 E. Eager St.

15-

Filed AUG 4 1917, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 2nd (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1 1917, to August 2 1917, that I saw h.. alive on August 2 1917, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) and Heart prostration

(Duration) yrs. mos. ds.

(Signed) Thos J Symmes M. D.

, 191... (Address) 625 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart — DATE OF BURIAL, Aug 6, 191.7

20-UNDERTAKER Lilly & Zeiler — ADDRESS 1033 N. Howard St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7335

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7335

CERTIFICATE OF DEATH.

79

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 S. Broadway St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Holba

(Residence in Baltimore: No. 728 S. Broadway St.; 33 yrs., mos. ds.)

Important. See instructions on back of certificate. Each statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) Unknown (Day) 84 (Year)

7-AGE, 73 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Nichel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Kat. Wojnowski

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Kochanska

(Address) 728 S. Broadway

15-

AUG 4 1917

HARRY C. ANDERS
Deputy Registrar

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Aug (Day) 2, (Year) 1917.

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to Aug 2 1917, that I saw h[illegible] alive on Aug 2, 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Heat Stroke

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation & Edema

..... (Duration) ..... yrs. ..... mos. 13 ds.

(Signed) J. H. Kantor M. D.

Aug 2, 191.7 (Address) 1158 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Cem. DATE OF BURIAL, Aug. 4, 1917.

20-UNDERTAKER Tilly & Zeile ADDRESS ~~703 S. Wolfe St~~

M. F. Sadowski 705 S. Ann St

D 7336

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

105

D 7336

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1503 N. Eden St.; 9 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Mc Leod

(Residence in Baltimore: No. 1503 N. Eden St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Oct (Month) 21 (Day), 1839 (Year)

7-AGE: 77 yrs. 9 mos. 11 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Scotland

PARENTS

10-NAME OF FATHER: James Simpson

11-BIRTHPLACE OF FATHER (State or country): Scotland

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katie Mc Leod

(Address) 1503 N. Eden St

15. Filed AUG 4 - 1917, 191 HARRY O. ANDERS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 2 (Day), 1917 (Year)

17. I HEREBY CERTIFY. That I attended deceased from July 26, 1917, to. Aug. 2, 1917. that I saw her alive on August 2, 1917. and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:

Diarrhoea

(Duration) — yrs. — mos. 11 ds

Contributory (SECONDARY) Excessive heat

(Duration) — yrs. — mos. 3 ds.

(Signed), Edwin B. Fenby, M. D.

Aug. 3, 1917 (Address) 1223 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Aug 4, 1917

20-UNDERTAKER: Henry Lutz — ADDRESS: 1007 N. Bond St

R. S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7337 ✓ 179 D 7337

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Stack

(Residence in Baltimore: No. 607 Scott St St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word.)
Male	White	Widower

6-DATE OF BIRTH, October (Month) ....., 1865 (Day) (Year)

7-AGE. 51 yrs. 9 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Patrick Stack

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Katherine Pickett

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rect. Mercy Hosp.

(Address) Calvert St.

15- AUG 4 - 1917 HARRY C. ADAMS
Filed....., 191..... BUREAU OF VITAL STATISTICS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 1, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1917, to Aug 1 1917, that I saw h[illegible] alive on Aug 1 1917, and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Heart Prostration

a few (Duration) ....yrs....mos....1..ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs....mos....ds.

(Signed) Edward Smith M. D.

Aug 4., 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death about 12 hrs. In the State [illegible] yrs. [illegible] mos. ds.

Where was disease contracted, if not at place of death? 607 Scott St

Former or usual residence 607 Scott St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
New Cathedral Cemetery	Aug. 4, 1917.

20-UNDERTAKER James Dignan & Son ADDRESS 1000 S. Paca St.

important. See instructions on back of certificate.

D 7338

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7338

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 613 D. Dallas St ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Not Known

2-FULL NAME Sophia Dombrozal

(Residence in Baltimore: No. 613 D Dallas St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1856
(Month) (Day) (Year)

7-AGE, 61 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Dalkowski

(Address) 1618 Eastern Ave

15-

AUG 4 - 1917

Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart

(Duration) yrs. mos. ds.

(Signed) Edwin Lynn Guest M. D.
(Coroner.)

Aug 3, 191 7 (Address) 1600 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Rosary

DATE OF BURIAL, Aug 4, 1917

20-UNDERTAKER William Gallagher

ADDRESS 1618 Eastern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 7339

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 Andre ST.) 24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Paszkowski

(Residence in Baltimore: No. 1335 Andre St.; 22 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.)
Male	White	Married

6-DATE OF BIRTH, Aug (Month) 26 (Day), 1864 (Year)

7-AGE, 52 yrs. 11 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Felix Paszkowski

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Julia Bugaj

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Paszkowski

(Address) 1335 Andre

15-

Filed....., 191.... Registrar.

AUG 4 1917 HARRY O. ANDERSON

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1916, to Aug 1 1917, that I saw h.. alive on Aug 31 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Maurice Jone M. D.

Aug 3, 1917. (Address) 1423 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Aug 4, 1917
20-UNDERTAKER Wm Faulkowski	ADDRESS 1618 Eastern Ave

important. See instructions on back of certificate.

D 7340

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7340

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH—
CITY OF BALTIMORE (No. John Hopkins ST., Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Belden

(Residence in Baltimore: No. 1721 Monument St., ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Mal	white	Married

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE 41 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Orderly in
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Hospital

8 855 870

9-BIRTHPLACE, (State or Country), De,

PARENTS.

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. E. Buckley

(Address) 1824 E. Monument

15-

Filed AUG 4 - 1917, 191.....

HARRY C. ANDREW.
Burial Permit
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 3 ....., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) and that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Whitridge Hundley M. D.
(Coroner.)

May 3, 191... (Address) 1 E. Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Washington D C	Aug 4, 1917

20-UNDERTAKER	ADDRESS
W F Tucker	Meth Epis

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7311 — 28 ✓ — D 7311

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 516 S Belnord Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Finneran

(Residence in Baltimore: No. 516 S Belnord Ave St.; 45 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Widowed

6-DATE OF BIRTH, June 1, 1857 (Month) (Day) (Year)

7-AGE, 60 yrs. 2 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): Own Home

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER, John Dempsey

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Celia Tinder Daughter

(Address) 516 S Belnord Ave

15- AUG 4 - 1917 Filed....., 191..... HARRY C. ANDREW. Registrar.

Burial Fe

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 2 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1917, to, Aug 2 1917, that I saw her alive on Aug 31 1917, and that death occurred, on the date stated above, at 12 10 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) C. B. Watson M. D.

Aug 31, 1917. (Address) 1711 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Holy Cross — DATE OF BURIAL, August ....., 1917

20-UNDERTAKER Robt. J. Turner — ADDRESS 1442 N. Broadway

important. See instructions on back of certificate.

Property classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

D 7342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7342

1-PLACE OF DEATH St. Vincents Inf asylum, REGISTERED No. C 104

CITY OF BALTIMORE: (No. 1401 Division ST.; 17 WARD)

2-FULL NAME Earl Franklin Kerns

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1401 Division St.; 1 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 27, 1911
(Month) (Day) (Year)

7-AGE, 7 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work X none
(b) General nature of industry, business, or establishment in which employed (or employer) X on

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Hattie Kerns

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. M.C. Parker

(Address) 1114 Harford ave

15- [illegible]

Filed ....., 191.... HARRY C. ARMSTRONG, Clerk Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15 1917, to Aug 2 1917, that I saw h[illegible] alive on Aug 2, 1917, and that death occurred, on the date stated above, at 1130 P. m.,

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
Malnutrition,

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) X

(Duration) yrs. mos. ds.

(Signed) L. M.C. Parker M. D.

Aug 3, 1917. (Address) 1114 Harford ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 7 yrs. mos. ds.

Where was disease contracted, if not at place of death? St Vincents Inf Asylum

Former or usual residence St Vincents Inf Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Aug 4, 1917

20-UNDERTAKER M Fahey & Sons — ADDRESS 606 Lafayette Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks:

D 7343

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7343

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 532 N. Stricker ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Bruce Pontier

(Residence in Baltimore: No. 532 N. Stricker St.; ..... yrs., 9 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	infant

6-DATE OF BIRTH, October (Month) 17 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 9 mos. 16 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... — .....

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Harry B. Pontier

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Nellie Von Holten

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).... Nellie Pontier .....

(Address).... 532 N. Stricker .....

15-

Filed AUG 4 1917, 191..... HENRY F. ANDREAE Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 2 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 2 1917, to August 2 1917, that I saw h im alive on August 2 1917, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

..... dilatation of heart .....

.....

.....

8 hours

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Double Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) ..... Chester Pickard, ... M. D.

8-3..., 1917 (Address) 2532 Edmondson Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	8-5..., 1917.
20-UNDERTAKER	ADDRESS,
Chas Crowley	26 N Fulton Av

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 7344 — 104 — D 7344

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1152 Cleveland St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth M. Strodtman

(Residence in Baltimore: No. 1152 Cleveland St St.; 1 yrs. mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: July (Month) 27 (Day) 1916 (Year)

7-AGE: 1 yrs ~~7 mos 7 ds~~ — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John M. Strodtman

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Pearl Schlintman

13-BIRTHPLACE OF MOTHER (State or country): West virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pearl Strodtman

(Address) 1152 Cleveland St

15- Filed AUG 4 - 1917, 191 — HARRY O. ANDREWS Burial Permit Clerk — W. 135. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 3 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1917, to, Aug 3 1917, that I saw her alive on Aug 3 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

contributory cause

Cholera Infantum

..... (Duration) ..... yrs ..... mos. 13 ds.

Contributory (SECONDARY) Cholera Infantum

..... (Duration) ..... yrs ..... mos. 13 ds.

(Signed), Geo. W. Gregory M. D.

Aug 3, 1917. [Address] 1144 Cleveland

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore	Aug 5th 1917
20-UNDERTAKER	ADDRESS
John J. Field	1205 W. Fayette St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

D 7345

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7345

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Sharp ST. 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Miller

(Residence in Baltimore: No. 1023 Sharp St. (Yrs. Dys. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feby 19th, 1837. (Month) (Day) (Year)

7-AGE, 58 yrs. 5 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Christian Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Anna B. Engel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Hettie Miller

(Address) 623 S. Schroeder St.

15- AUG 4 - 1917 Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 4th, 1917. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1915, to Aug 4 1917, that I saw h[illegible] alive on Aug 3d 1917, and that death occurred, on the date stated above, at 5d m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

3 (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Kerr Bruce M. D.

Aug 4, 1917. (Address) 1228 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park (bm)

DATE OF BURIAL, Aug 6, 1917.

20-UNDERTAKER [illegible] Undertaking Co

ADDRESS 1039 Hanover

important. See instructions on back of certificate.

D 7346

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7346

CERTIFICATE OF DEATH.

REGISTERED No. C 179

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 14 Josephine St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward F Hughes

(Residence in Baltimore: No. 116 N Bradford St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January (Month) 3 (Day), 1870 (Year)

7-AGE, 47 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Miller
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Anthony Hughes

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Sweeny

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Hughes

(Address) 120 N Bradford

15- AUG 4 - 1917 HARRY S. ANDREWS CITY REGISTRAR

Filed ....., 191.....

Registrar.

B.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cancer Liver

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) ..... M. D.
(Coroner.)

Aug 3, 191. (Address) 116 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	August 6, 19 17
20-UNDERTAKER	ADDRESS
Windell Ruffel & Son	878 Mmn

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7347

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7347

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 130 Lign St ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marianina Barnella

(Residence in Baltimore: No. 130 Lign St

St.; yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... May (Month) ..... 1 (Day) ..... (Year)

7-AGE, 64 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Luigi Barnella

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Lucia —

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Barnella

(Address) 30 Lign St

15- HARRY C. ANDREWS

Filed ..... AUG 4 1917 ....., 191.. ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Heat

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Chas Smith M. D.
(Coroner.)

Aug 3, 1917. (Address) 1 Old E. Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, St Vincent's — DATE OF BURIAL, Aug 6, 19....

20-UNDERTAKER Wm Ulrich & Son — ADDRESS 57 Lign

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7318

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 W. Lee ST. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D. Crofford,

(Residence in Baltimore: No. 531 W. Lee St.; — yrs., — mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 25, 1916 (Month) (Day) (Year)

7-AGE, — yrs. 7 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). North Carolina

PARENTS.

10-NAME OF FATHER, David Crofford

11-BIRTHPLACE OF FATHER (State or Country), South Carolina

12-MAIDEN NAME OF MOTHER Luisa Curtis

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Crofford

(Address) 531 W Lee St

15-

AUG 4 - 1917 HARRY O. ANDREWS

Filed....., 191.....

B Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August, 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July, 31, 1917, to Aug, 3, 1917, that I saw h— alive on Aug, 2, 1917, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Acute Ileo Colitis

(Duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) Rickets

(Duration) yrs. 4 mos. ... ds.

(Signed) David Crofford M. D.

8/3, 191.7 (Address) 531 W Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, August, 1917.

20-UNDERTAKER Wm H Hooper — ADDRESS 607 Eutaw Place

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7349

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7349

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 S. Greene ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Johnson

(Residence in Baltimore: No. 519 S. Green St.; 3 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, September (Month) 23 (Day), 1903 (Year)

7-AGE, 13 yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER, John Johnson

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Annie Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Mills

(Address) 519 S. Green

15-

Filed....., 191.....

.....Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 2 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1917, to Aug. 2, 1917, that I saw h[illegible]alive on Aug. 2 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration)..... yrs. 3 mos..... ds.

CONTRIBUTORY. Spinal

(Secondary) Tuberculosis

(Duration)..... yrs. 4 mos..... ds.

(Signed) Dan'l D. Lanahan M.D.

8/3, 191.7 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, August 6, 1917.

20-UNDERTAKER Wood & Hooper

ADDRESS 609 Little Pacca St

AUG 4 - 1917 Burial Permit Clerk

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7350

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7350

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 E. Madison St ST.; 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie Passano.

(Residence in Baltimore: No. 24 E. Madison St.; 4 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feby (Month) 20 (Day), 1847 (Year)

7-AGE,	If LESS than 1 day,
70 yrs. 5 mos. 14 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home.
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph Passano.

11-BIRTHPLACE OF FATHER (State or Country): Sino Italy.

12-MAIDEN NAME OF MOTHER: Rosina Caporelli

13-BIRTHPLACE OF MOTHER (State or Country): Naples Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Passano.

(Address) 24 E. Madison St.

15-

AUG 4 - 1917

Filed....., 191.....

HARRY C. ANDREWS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 3 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Aug 2 1917, to Aug 3 1917, that I saw her alive on Aug 3 1917, and that death occurred, on the date stated above, at 9a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs....mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Duration) ....yrs....mos....ds.

Intense heat

(Signed) Wm D Mazza M. D.

Aug 4, 191 7 (Address) 819 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem — DATE OF BURIAL, August 5, 191 7

20-UNDERTAKER Henry W. Jenkins' Sons Co — ADDRESS Orchard Mc Culloh

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B 7351

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 7351

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2044 Linden Ave ST.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Edmondson Dunnock

(Residence in Baltimore: No. 2044 Linden Ave. St.; 2 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, June 11, 1859
(Month) (Day) (Year)

7-AGE, 58 yrs. 1 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Agent
(b) General nature of industry, business, or establishment in which employed (or employer): Paper Boxes

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel Ross Dunnock

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth A. Edmondson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. R. Dunnock

(Address) 2044 Linden Ave

15-

AUG 4 - 1917 HARRY C. ANDERS

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1917, to Aug 3 1917, that I saw h in alive on Aug 2 1917, and that death occurred, on the date stated above, at 12 15 Am.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) yrs. 1 mos. 12 ds.

(Signed) John D. Kemp M. D.

Aug 3, 191.7 (Address) 1425 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, August 5., 1917

20-UNDERTAKER Henry W. Jenkins Sons & Co ADDRESS Orchard & McCulloh

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7352

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7352

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2324 E Oliver

CITY OF BALTIMORE: (No. 2324 E Oliver St.; 8 WARD)

REGISTERED No. C 64

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lang

(Residence in Baltimore: No. 2324 E Oliver St.; 66 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 27 (Month), (Day), 1851 (Year)

7-AGE, 65 yrs. 7 mos. 5 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Schwarzenberger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mont Pinon

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. O. Foerster

(Address) 2324 E Oliver St.

15- AUG 4 - 1917 Filed, 191

HARRY C. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2 (Month), (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to Aug 2 1917, that I saw h[illegible] alive on Aug 2 1917, and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. 2 mos. 12 ds.

CONTRIBUTORY (Secondary) R. Nelson Hegira

(Duration) yrs. mos. ds.

(Signed) Christ C. Keller M. D.

Aug 7., 191 7. (Address) 1419 E Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Louis Heeman — DATE OF BURIAL, Aug. 5., 191 7

20-UNDERTAKER Emmanuel & Co — ADDRESS 32 S Broadway

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 7353

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7353

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 769 W. Mulberry ST.; 4 WARD) REGISTERED NO. C 64

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Mathews

(Residence in Baltimore: No. 769 W. Mulberry St.: 1 yrs., 5 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 76 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) 041

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Lee

(Address) 237 Myrtle Ave

15-

Filed AUG 4 1917, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to Aug 2 1917, that I saw h[illegible] alive on Aug 1 1917, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 2 yrs. 6 mos. 5 ds.

(Signed) Jno. G. Thiele M. D.

Aug 4, 1917 (Address) 706 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, August 5, 1917

20-UNDERTAKER Charles B. Jones — ADDRESS 235 Pine St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7354

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7354

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Lutz

(Residence in Baltimore: No. 110 Woodland Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown, 1887
(Month) (Day) (Year)

7-AGE, 30 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George Hunzel

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address) .....

15-

AUG 4 - 1917

Filed ....., 191.... HARRY C. ARTHUR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 2 1917, to Aug. 3 1917, that I saw her alive on Aug 3 1917, and that death occurred, on the date stated above, at 1.20 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Tuberculous Nephritis

(Duration) 2 Not Known yrs. ... mos. ... ds.

(Signed) Frank C. Manning M. D.

Aug. 3, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence 110 Woodland Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cem	Aug. 7, 191.7
20-UNDERTAKER	**ADDRESS**
Louis Heuisler	32 S. Broadway

important. See instructions on back of certificate. ... is very ... is properly classified. Exact statement of OCCUPATION is very

Dec.—8-24-14—M. & T.—2000 Bks.

D 7355

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7355

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 Hanover ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Jane North

(Residence in Baltimore: No. 1315 Hanover St.; 93 yrs., 9 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Oct 7, 1823
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
93 yrs. 9 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: nothing
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Timothy McNamara

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert North

(Address) 1315 Hanover St.

15-

AUG 4 - 1917

Filed....., 191.....

HARRY C. ARTHUR
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1915, to Aug 3 1917, that I saw h~~er~~ alive on Aug 3 1917, and that death occurred, on the date stated above, at 8 30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Paralysis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile debility

(Duration) 2 yrs. mos. ds.

(Signed) J. H. Hammond Jacobs M. D.

Aug. 3, 191.. (Address) 835 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Aug. 5., 1917.
20-UNDERTAKER	ADDRESS.
Armstrong & Denny Co	715 Light St

Physician to fill in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7356

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7356

CERTIFICATE OF DEATH.

REGISTERED No. C 4179

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 400 W Fremont St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Brauns Also Known as Probuitz

(Residence in Baltimore: No. 659 W Baltimore St

St.) yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 58 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): 080

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Graubable

(Address) 523 S Paca

15- AUG 4 - 1917 HARRY G. ARENDS
Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Stroke

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. L. Donnelly M. D.
(Coroner)

Aug 3, 1917 (Address) 2127 Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sudon Park	August 4 1917
20-UNDERTAKER	**ADDRESS**
John Gebhardt	425 S Paca St

CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7357

D 7357

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 E Lafayette Av St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johannetta Fauldrath

(Residence in Baltimore: No. 1711 E. Lafayette Av St.; 61 yrs., — mos. — ds.).

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Apr 4th, 1830 (Month) (Day) (Year)

7-AGE, 87 yrs. 3 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Lanz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... C. H. Fauldrath

(Address)..... 1711 E. Lafayette

15. AUG 4 - 1917 HARRY C. ANDREWS

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2nd, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 3 1917, to Aug 2 1917, that I saw h[illegible] alive on Aug 2 1917, and that death occurred, on the date stated above, at 1145 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Endocarditis

(Duration)....yrs. 3 mos.....ds.

CONTRIBUTORY (Secondary) Heart Exhaustion

(Duration)....yrs. mos. 1 ds.

(Signed)..... David D. Lehmer M. D.

Aug 3, 191.7 (Address) 1719 E Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Balto Cem

DATE OF BURIAL, Aug 5, 191.7

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

Important. See instructions on back of certificate. Use ink. Write plainly and in full. Do not abbreviate. Be sure that every item is properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7358

CERTIFICATE OF DEATH.

59 D 7358

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 Cloverdale Rd. St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Callie Moffit Kirby

(Residence in Baltimore: No. 1229 Cloverdale Rd St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH ..... Mar. (Month) 14 (Day), 1876 (Year)

7-AGE,	If LESS than 1 day,
41 yrs. 4 mos. 20 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Home
(b) General natnre of industry, husiness, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country), N.C.

PARENTS.

10-NAME OF FATHER, Walter C. Moffit

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Lottie Jenkins

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Kirby

(Address) 1229 Cloverdale Rd

15-

Filed AUG 4 - 1917, 191..... HARRY C. ANDREWS

Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ill July 6" 1917, to Aug 3" 1917, that I saw her alive on Aug 3" 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

ill

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Drug Addiction

Paregoric Poisoning (Duration) 24 hrs. ..... mos. ..... ds.

(Signed) A. B. Kirby, M. D.

Aug 3", 1917. (Address) 567 Harlem

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Charlotte N.C.	Aug 4 1917

20-UNDERTAKER Jackney & Sons ADDRESS Norfolk & Portsmouth

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7359 — 48 — D 7359

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1841 Charles St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Ehrgood

(Residence in Baltimore: No. 1841 S Charles St. 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, ... Aug (Month) 14 (Day), 1847 (Year)

7-AGE, 69 yrs. 11 mos. 18 ds. — If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Burke

(Address) 1841 S Charles St

15- AUG 4 - 1917 HARRY C. [illegible] Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug (Month) 2 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1907, to aug 2 1917, that I saw h[illegible] alive on aug 2 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

..... (Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY. Cardiac Asthma
(Secondary)

..... (Duration) ? yrs. ..... mos. 2 ds.

(Signed) R. E. Campbell M. D.

aug 3, 1917. (Address) 1644 N Gay St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mns. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, Aug 5, 1917

20-UNDERTAKER [illegible] Cook — ADDRESS 532 E North Ave

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is very necessary. Also, if any of the property classified.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7360 — 120 — D 7360

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Adolph Glaser.

(Residence in Baltimore: No. 141 Jackson Place St.; 67 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, September (Month) 18 (Day), 1849 (Year)

7-AGE, 67 yrs. 10 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: 031

(a) Trade, profession, or particular kind of work..... Machinist

(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frank Nicholas

(Address) 141 N. Jackson Place

15-

AUG 4 - 1917 HARRY C. ANDREWS Special Permit Clerk

Filed....., 191..... Registrar.

5

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2, 1917, to Aug. 3 1917, that I saw h[im] alive on Aug 3, 1917, and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Myocardetis

Chronic Nephritis

Dont Know. (Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary) paralysis of

both lower extremities (Duration) 20 yrs. mos. ds.

(Signed) J. Edward Norris M. D.

....., 191... (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 141 Jackson Place.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Aug 6, 1917

20-UNDERTAKER Wm Cook ADDRESS 532 E North Ave.

important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7361

CERTIFICATE OF DEATH.

14 179

D 7361

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1411 Gaul St.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Monroe Burgess

(Residence in Baltimore: No. 1511 Bruce St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 10, 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. 11 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer) 838 Ches

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Albert Burgess

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs

(Address) 1511 Bruce

15- AUG 4 - 1917 HARRY D. ANDREWS Burial Permit Clerk

Filed....., 191.... MBS, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Aug. 2, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cem't — DATE OF BURIAL, Aug. 7, 1917

20-UNDERTAKER Henry Smith & Co — ADDRESS 706 [illegible]

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7362

CERTIFICATE OF DEATH.

D 7362

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md General Hospital St.; WARD) REGISTERED NO. C 179

2-FULL NAME Wm H. Evans.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1829 Linden Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan 21, 1917
(Month) (Day) (Year)

7-AGE, 59 yrs. 6 mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Quartermasters camp Meade

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Evans

11-BIRTHPLACE OF FATHER (State or Country) Wales, Eng.

12-MAIDEN NAME OF MOTHER Blackmer

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry G. Evans

(Address) 1829 Linden Ave

15. AUG 4 - 1917 Filed....., 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30 1917, to Aug 2 1917, that I saw h[illegible] alive on Aug 2 1917, and that death occurred, on the date stated above, at 7.45 m.

The CAUSE OF DEATH* was as follows:

Thermic Prostration

.....3

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Acute dilatation Heart

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Aug 2, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? At Admiral-Md.

Former or usual residence 1829 Linden Ave

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Aug 4, 1917.

20-UNDERTAKER John D. Mitchell — ADDRESS 120 W. Fayette St

IMPORTANT—If CAUSE OF DEATH is very improperly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-34-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7363 D 7363

CERTIFICATE OF DEATH.

REGISTERED No. C 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1182 Cleveland ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris E. Smith

(Residence in Baltimore: No. 1182 Cleveland St.; yrs., 4 mos. 13 ds.)

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) single

6-DATE OF BIRTH. March 11, 1913 (Month) (Day) (Year)

7-AGE. 4 yrs. 4 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE. (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. John W. Smith

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Pauline Neser

13-BIRTHPLACE OF MOTHER (State or Country). Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Smith

(Address) 1182 Cleveland St.

15-

AUG 4 - 1917

Filed....., 191.... HARRY C. ANDERSON Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. August 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1 191 7, to August 3 191 7, that I saw h alive on August 3 191 7, and that death occurred, on the date stated above, at 3 30 P.M.

The CAUSE OF DEATH* was as follows:

Pleo Colitis

(Duration) yrs.... mos.... ds.

CONTRIBUTORY (Secondary)

(Duration) yrs.... mos.... ds.

(Signed) J. D. W. Lewis M.D.

Aug 3, 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Neser's Farm Woodlawn DATE OF BURIAL. Aug 4, 191 7

20-UNDERTAKER Jos Jacobs Son ADDRESS 217 S. Paca

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7364

CERTIFICATE OF DEATH.

43 D 7364

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 N. Collington ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda V. Davis

(Residence in Baltimore: No. 1411 N. Collington Ave. St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH: February 8th, 1887 (Month) (Day) (Year)

7-AGE: 30 yrs. 5 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE (State or Country): Hagerstown, Md.

PARENTS.

10-NAME OF FATHER: Jeremiah Baker

11-BIRTHPLACE OF FATHER (State or Country): Carroll Co. Md.

12-MAIDEN NAME OF MOTHER: Sarah Price

13-BIRTHPLACE OF MOTHER (State or Country): Carroll Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Conrad N. Davis

(Address) 1411 N. Collington

15-

AUG 4 - 1917

Filed ....., 191.... HARRY O. ANDREWS

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: August 2nd, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 13th, 1917, to August 2nd, 1917, that I saw her alive on August 2nd, 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast
Metastasis (2)
(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
Carcinoma of Breast
(Duration) 2 yrs. mos. ds.

(Signed) Charles K. A. Meyer M. D.

Aug 3rd, 1917. (Address) 1831 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Manchester Md. DATE OF BURIAL: Aug. 5, 1917

20-UNDERTAKER: Frank A. Fink ADDRESS: 915 N. Gay St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7365

CERTIFICATE OF DEATH.

152 D 7365

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1040 Saratoga ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Simms

(Residence in Baltimore: No. 1040 Saratoga st. St.; ..... yrs., ... mos. 3 ds.)

be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 30, 1917
(Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 3 ds.

If LESS than 1 day, 0 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. R. Simms

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lucy Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Simms

(Address) Ellicott City

15-

AUG 4 1917 ROBERT C. ANDREWS Deputy Permit Clerk

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 1917, to August 2 1917, that I saw h[illegible] alive on August 1 1917, and that death occurred, on the date stated above, at 11 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary) None

..... (Duration) 0 yrs. 0 mos. 0 ds.

(Signed) James G. Marston M. D.

Aug 2, 1917. (Address) Howard County Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Mary's Howard Co. DATE OF BURIAL, Aug. 4., 1917.

20-UNDERTAKER Easton Sons ADDRESS Ellicott City

D 7366

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 7366

CERTIFICATE OF DEATH

104

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 607 Denison ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Joseph Smith

(Residence in Baltimore: No. 607 Denison st St.; 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March (Month) 8 (Day), 1917 (Year)

7-AGE: ..... yrs. 5 mos. ..... ds.

If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ooo

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: William J Smith

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Ella Smith

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo J. Smith Jr

(Address) 607 Denison

15-

Filed AUG 4 - 1917, 191 HARRY C. ANDERS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 8 (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from aug 2, 1917, to, aug 3 1917, that I saw him alive on aug 2 1917, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ..... yrs ..... mos 4 ds.

Contributory (SECONDARY) Meningitis

(Duration) ..... yrs ..... mos ..... ds.

(Signed), Franklin H Cole M. D.

....., 191..... [Address] 330 N Chas st

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Aug 4, 1917

20-UNDERTAKER: Geo J Smith — ADDRESS: 1900 W Fayette

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7367

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7367

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 710 W. Lexington St. 4 WARD)

REGISTERED No. C 182

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Mitchell

(Residence in Baltimore: No. 700 W. Lexington St.; 42 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November 1 (Month) (Day) (Year)

7-AGE, 42 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. D. Mitchell

(Address) 1015 Madison Ave

15-

Filed AUG 4 1917, 191.... HARRY O. ANDREWS DEPUTY REGISTRAR

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage, Cause by pistol shot in lungs Homicide (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) A. L. Driscoll M. D. (Coroner.)

Aug 4, 1917. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, AUG 4 1917, 19....

20-UNDERTAKER John J. Cowan ADDRESS Longwood & Hollins Sts

Spec.—8-24-14—M. & T.—2000 Bks.

D 7363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7363

REGISTERED No. C 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Ausgusta ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loretta A. Leach

(Residence in Baltimore: No. 1007 Ausgusta St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August (Month) 28 (Day), 1912 (Year)

7-AGE, 5 yrs. 3 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles A. Leach

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Summerau

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. A. Leach

(Address) 1007 Ausgusta St.

15-

Filed ....., 191.....

HARRY G. ARTHUR
AUG 5 - 1917
BURIAL PERMIT

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 4th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2nd 1917, to Aug 4th 1917, that I saw h[illegible] alive on Aug 3rd 1917, and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. D. Fouts M. D.

Aug 4th 1917, (Address) 1201 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Aug 5th, 1917

20-UNDERTAKER W. C. Wardefield

ADDRESS 914 Edmondson Ave

4 of 116

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7369

CERTIFICATE OF DEATH.

+108

D 7369

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Floyd Nestor

(Residence in Baltimore: No. 1 day in Hospital St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 18, 1899.
(Month) (Day) (Year)

7-AGE, 18 yrs. 2 mos. 17 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 086

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, J. A. Nestor

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), W Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. F. Smith

(Address) Johns Hopkins Hospital

15- AUG 5 1917

Filed....., 191.....

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 4, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 4 1917, to August 4 1917, that I saw him alive on August 4 1917, and that death occurred, on the date stated above, at 4 45 p.m.

The CAUSE OF DEATH* was as follows:

Appendicitis

General Peritonitis

..... (Duration) ..... yrs. 1 mos. 5 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Kelly M. D.

Aug. 4..., 191.7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence St George W Va

19-PLACE OF BURIAL, OR REMOVAL, Parson's Va — DATE OF BURIAL, Aug. 5., 191.7

20-UNDERTAKER Talbot & Fuller — ADDRESS 22 N Broadway

CAUSE OF DEATH to be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7370

REGISTERED No. C 179

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton Hill

(Residence in Baltimore: No. 3 Few Hours in Hospital St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Unknown

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
61 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk on Steamer
(b) General nature of industry, business, or establishment in which employed (or employer): Haughland Co

9-BIRTHPLACE, (State or Country), Norway

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Dept

(Address)

15- AUG 5 - 1917 HARRY O. ANDREWS

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Jaundice 1 Hr at Police Station

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer

(Duration) yrs. mos. ds.

(Signed) unknown (Coroner.) M. D.

August 4, 1917 (Address) 1429 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death? Steamship Haugland

Former or usual residence Steamship Haugland

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet DATE OF BURIAL, Aug 5, 1917

20-UNDERTAKER Robt J. Turner ADDRESS 1440 W Baltimore

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7371

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7371

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 641 Dover St.; 22 Ward)

REGISTERED No. C 179

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Schumacher

(Residence in Baltimore: No. 641 Dover St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Aug 20, 1869
(Month) (Day) (Year)

7-AGE, 57 yrs. 11 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer): 017

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Lewis Schumacher

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Schumacher

(Address) 641 Dover

15-

AUG 5 - 1917

Filed ....., 191.... HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Heat Stroke

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) C. D. Doscall M. D.
(Coroner.)

Aug 4, 1917 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Westerne Cemetery	Aug 7, 1917
20-UNDERTAKER	ADDRESS
Wm. A Rohde & Son	730 Fulton Ave

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7372

119

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 340 Garrison Lane ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Sohn

(Residence in Baltimore: No. 340 Garrison Lane St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Divorced

6-DATE OF BIRTH. May 24, 1865. (Month) (Day) (Year)

7-AGE. 51 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grain Driver
(b) General nature of industry, business, or establishment in which employed (or employer): in Brewery

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER. Adam Sohn

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H. Sohn

(Address) Towson Md

15- AUG 5 - 1917

Filed ....., 191.... Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. August 2, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to L. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Super Induced by Extreme Heat

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(Duration) yrs. Sudden mos. ds.

(Signed) James M. Benton M. D. (Coroner.)

Aug 3, 191.. (Address) 707 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Carmel	Aug 5, 1917
20-UNDERTAKER	ADDRESS
Geo. A. Gerber	Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 7373

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2021 Wilhelm St.; 20 WARD)

2-FULL NAME Kunnigunda Schmitt

(Residence in Baltimore: No. 2021 Wilhelm St.; — yrs., — mos. — ds.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Sept (Month) 8 (Day), 1846 (Year)

7-AGE, 70 yrs. 10 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER, John Schmitt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Getrude Gries

(Address) 2021 Wilhelm

15-

Filed AUG 5 1917, 191.... HARRY C. ARCHER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration).....yrs.....mos. 1 hr. ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(Duration) 1 yrs.....mos.....ds.

(Signed) James M. Fulton (Coroner.) M. D.

Aug 4 1917 (Address) 708 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Aug 6 1917

20-UNDERTAKER Geo. A. Gerber — ADDRESS Baltimore & Payson St.

D 7374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7374

REGISTERED No. C 15 50

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1814 Walbrook Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Braddock

(Residence in Baltimore: No. 1814 Walbrook Ave St. 1 yrs., 6 mos. 6 ds.)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, September 7, 1855
(Month) (Day) (Year)

7-AGE, 61 yrs. 2 mos. 26 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): 045

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Victor Braddock

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Cohen

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Son

(Address) 1814 Walbrook Ave

15-

Filed AUG 5 1917, 191.... HARRY C. ARCHER, Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) 5 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Impudent Quack

(Duration) yrs. mos. ds.

(Signed) William Mayo M. D.
(Coroner)

(Address) 1081 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship | DATE OF BURIAL, 8/5, 1917

20-UNDERTAKER Jack Lewis | ADDRESS 1411 Eutaw St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7375

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7375

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 E. Broadway ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Weigman

(Residence in Baltimore: No. 6 E. B'dway St.: 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	widowed

6-DATE OF BIRTH, Nov 29, 1832 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
84 yrs. 8 mos. 6 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Not

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wm. Schlueter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. J. Gering

(Address) 6 E. B'dway

15-

Filed AUG 5 - 1917, 191.... HARRY D. ARCHER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 3d, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr. 14th 1917, to Aug 3d 1917, that I saw h[er] alive on Aug 2d. 1917, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Apoplexy Mitral Regurg.
Arteri Sclerosis
(Duration) 4 mos. ds.

CONTRIBUTORY (Secondary) Diarrhoea + Heart Trouble
(Duration) yrs. mos. ds.

(Signed) A. F. Ries M. D.
Aug 3rd, 191.7. (Address) 24 E. B'dway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto	Aug 5, 1917.

20-UNDERTAKER	ADDRESS
H. Sander & Sons	1710 Fleet

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7376

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7378

CERTIFICATE OF DEATH.

REGISTERED No. C 179

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 8 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Parker

(Residence in Baltimore: No. 1819 N Milton Ave. St. (yrs.. (mos. (ds.)

8

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 19, 1868.
(Month) (Day) (Year)

7-AGE. 48 yrs. 11 mos. 14 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Officer. 061
(b) General nature of industry, business, or establishment in which employed (or employer): Police Dept.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Parker

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Gray

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lydia Parker
(Address) 1819 N. Milton Ave

15-
Filed AUG 5 - 1917, 191.
HARRY C. ANDREWS
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH August 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hard Stroke
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) A. L. Arnold M. D.
Aug 7, 1917. (Address) 817 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State Life yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 1819 N Milton Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Balto	Aug 5, 1917.
20-UNDERTAKER H. Sander & Sons	ADDRESS 1710 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7377

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 7377

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2226 Eastern Ave ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Hoffman

(Residence in Baltimore: No. 2226 Eastern Ave St. Life yrs., mos. ds.)

Be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan 7th (Month) (Day), 1885 (Year)

7-AGE, 32 yrs. 5 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Actor 086
(b) General nature of industry, business, or establishment in which employed (or employer): Burlesque

9-BIRTHPLACE, (State or Country), Baltimore City Md.

PARENTS.

10-NAME OF FATHER, John Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Amelia Schultz

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Hoffman

(Address) 2226 Eastern Ave

15- AUG 3 - 1917 Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1916, to Aug 3 1917, that I saw him alive on Aug 2 191, and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

1 (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas S. Neer M. D.

Aug 3/17, 191... (Address) 408 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Aug. 6, 1917.

20-UNDERTAKER H. Sander & Sons — ADDRESS 1710 Eut

D 7378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 7378

1-PLACE OF DEATH Rodberry Ham

CITY OF BALTIMORE (No. Jones Falls St.; 12 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A Boone

(Residence in Baltimore: No. 3414 Seneca ave St.; yrs., 9 mos., 2 ds., 25)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	white	Single

6-DATE OF BIRTH, May (Month) 9 (Day), 1908 (Year)

7-AGE, 9 yrs. 2 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy.
(b) General nature of industry, business, or establishment in which employed (or employer): at H.

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Frank J Boone.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Penelope M. Daughton

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank J Boone.

(Address) 3414 Seneca st.

15- AUG 5 - 1917 HARRY C. ANGLE. Special Examiner Clerk

Filed....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to H. C. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental

Drowning

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John H Morrissey M. D. (Coroner.)

Aug 4, 1917 (Address) 3632 Reisterstown

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	Aug 6, 1917
20-UNDERTAKER	ADDRESS
Chenoweth & Son	361 Chestnut ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7379 — 28 — D 7379

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 W. 30 St. ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Ryan Jr.

(Residence in Baltimore: No. 333 W. 30 St. St.; 17 yrs., 2 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	white	Single

6-DATE OF BIRTH, May (Month) 7 (Day), 1900 (Year)

7-AGE, 17 yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or....mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Cotton Mill 040

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Frank J. Ryan Sr.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Mary E. Cooper

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Ryan

(Address) 333 W. 30 St

15-

Filed AUG 5 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

Dr. Carroll 2508 N. Charles St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from about Apr. ? 1917, to Aug. 3, 1917, that I saw him alive on Aug. 3 — 1917, and that death occurred, on the date stated above, at 330 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ....yrs. 3 mos. ....ds.

(Signed) John E. O'Neill M. D.

Aug. 5, 1917 (Address) 2008 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem.	Aug. 6, 1917.
20-UNDERTAKER	ADDRESS
Edmondson & Son	361 W. Lanvale

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7380 92 D 7380

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2933 Cedar Ave ST.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fulvia E. White

(Residence in Baltimore: No. 2933 Cedar Ave. St.; 1 yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, June 29, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Claud E. White

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Irene Steinhauer

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Claud E. White

(Address) 2933 Cedar ave.

15-

Filed AUG 5 - 1917, 191..... HARRY C. ANDREWS DEPUTY CITY REGISTRAR. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 3rd, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3, 1917, to Aug 3rd, 1917, that I saw h.. alive on Aug 3rd 9 A.M. 1917, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

(Duration) ..... yrs. few hours mos. ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Shelby M. D.

Aug 3, 1917. (Address) 3849 Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, AND DATE OF BURIAL. Friendship Amer. Aug. 5, 1917.

20-UNDERTAKER Ramsburg & Son ADDRESS 367 Chestnut ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7381

CERTIFICATE OF DEATH.

D 7381

REGISTERED NO. C 28

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 15 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dick Suiter

(Residence in Baltimore: No. 1931 Brunt St St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, June (Month) 7 (Day) 1910 (Year)

7-AGE, 7 yrs. 1 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Julius Suiter

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Camorya Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15-

Filed....., 191.....

Registrar.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23 1917 to August 4 1917, that I saw h alive on August 4 1917, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Generalized Miliary Tuberculosis

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY. Tuberculous meningitis
(Secondary)

(Duration) yrs. 2 mos. ds.

(Signed) Wm. H. Welch M. D.

Aug. 4, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 12 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1931 Brunt St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, Aug. 6, 1917

20-UNDERTAKER Sarmes & Wright ADDRESS 1364 W Cary

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-21-14—M. & T.—2000 Bks.

D 7382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7382

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 ½ Ellwood ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin C Barrows

(Residence in Baltimore: No. 925 ½ Ellwood ave St.; Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, August 4th, 1915
(Month) (Day) (Year)

7-AGE, 2 yrs. 11 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles Barrows

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Weise

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Barrows

(Address) 925 ½ Ellwood

15-

Filed AUG 5 1917, 191. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 19 1917, to Aug 3 1917, that I saw h alive on Aug 3 1917, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Acute Entero Colitis

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) M. J. McAvoy M. D.

Aug 5, 191.. (Address) 833 S. Ellwood ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Carmel — DATE OF BURIAL, Aug 5th 1917.

20-UNDERTAKER John A Moran — ADDRESS Bond & Ann Sts

D 7383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 D 7383

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Lauer

(Residence in Baltimore: No. 1721 Lemmon St. Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer): 24

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Lauer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Lauer

(Address) 1721 Lemmon St

15- AUG 5 - 1917 Filed....., 191.... HARRY C. ANSON Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Sun death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Stroke

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) A. D. Driscoll M. D. (Coroner.)

August 4, 1917 (Address) 512 W Carroll Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS OR RECENT RESIDENTS ONLY.)
At place of death 1 mos. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1721 Lemmon St

19-PLACE OF BURIAL OR REMOVAL, Lakewood Cemetery — DATE OF BURIAL, Aug. 6., 1917

20-UNDERTAKER Knell & Son — ADDRESS 1729 W Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7384 — D 7384

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Simms

(Residence in Baltimore: No. 514 McMechen St St.; ..... yrs., ... mos. ..... da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, April 3, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 1 da. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 00?

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Lawrence Simms

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary McCall

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... [illegible]th

(Address) Johns Hopkins Hospital

15-

Filed..... 191.....

AUG 5 1917 HARRY C. [illegible]
Burial Permit

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 4, 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 4 1917, to August 4 1917, that I saw her alive on August 4 1917, and that death occurred, on the date stated above, at 2.30 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia, bronchial tubes

(Duration) ..... yrs. ..... mos. 6 da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) Margaret L Tyler M. D.

Aug 4, 191 7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 514 McMechen St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Dem	Aug 5, 191 7.
20-UNDERTAKER	**ADDRESS**
Mrs J. G. Locks	1302 Jefferson St

Spec.—8-24-14—M. & T.—2000 Blks.

D 7385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

D 7385

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Fowler

(Residence in Baltimore: No. 713 N. Linwood St.; 52 yrs., mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 6 (Month), (Day), 1865 (Year)

7-AGE, 52 yrs. mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter Boss
(b) General nature of industry, business, or establishment in which employed (or employer) C & O

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Samuel T. Fowler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Nellie Copley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma G. Fowler

(Address) 713 N Linwood Ave

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 2 (Month), (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 2 1917, to Aug 2 1917, that I saw h.m alive on Aug 2 1917, and that death occurred, on the date stated above, at 8.30 p. m.

The CAUSE OF DEATH* was as follows:

Acute thrombotic appendicitis (Gangrenous)

(Duration)..... yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(Duration) yrs. mos. 3 ds.

(Signed) Israel J. Feingold M. D.

Aug 2, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1/2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at residence

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Aug 5, 1917

20-UNDERTAKER Christian Miller 233 — ADDRESS Pennsylvania

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7386

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr Thomas 15 Hollins

CERTIFICATE OF DEATH.

15-28

D 7386

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Brunt ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm L Northedge

(Residence in Baltimore: No. 1814 Brunt St St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH. — Unknown 1880
(Month) (Day) (Year)

7-AGE. 37 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bartender
(b) General nature of Industry, business, or establishment in which employed (or employer): 044

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Wm Northedge

11-BIRTHPLACE OF FATHER (State or Country) Washington D C

12-MAIDEN NAME OF MOTHER Ellen Aheron

13-BIRTHPLACE OF MOTHER (State or Country) Washington D C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Northedge

(Address) 1814 Brunt St

15-

Filed AUG 5 1917, 191... HARRY C. AMBLER Social Parish Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1916, to July 30 1917, that I saw h im alive on July 30 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

about 1
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Carbuncle

(Duration) ...yrs. ...mos. ...ds.

(Signed) Jos E Mans M. D.

Aug 4, 191 7 (Address) 1520 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loathedral bon — DATE OF BURIAL, Aug 6th, 191 7.

20-UNDERTAKER Martin Fahey, Jones — ADDRESS 606 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Ilks.

D 7387

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7387

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 S Broadway ST.; 2 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexandra Lutszykowska

(Residence in Baltimore: No. 729 S. Broadway St.; ..... yrs., 8 mos. 28 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 6 (Day), 1916 (Year)

7-AGE, ... yrs. 8 mos. 28 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Vincenty Lutszykowski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Lucya Daszkiewicz

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincenty Lutszykowski

(Address) 729 S. Broadway

15-

Filed ..... AUG ..... 191... HARRY C. ANDREWS Registrar.

Burial Fe...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Aug (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29 191 7, to Aug 3 191 7, that I saw h[er] alive on Aug 3 191 7, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Cerebro Colitis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Thomas M. D.

Aug 4 191... (Address) 1500 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary DATE OF BURIAL, Aug 5, 191...

20-UNDERTAKER Wm Falkowski ADDRESS 841 Caton Ave

S. A. F. E. T. Y.

D 7388

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7388

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3017 W Northern 15 St. WARD)

REGISTERED No. C 79

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Sophia Stineman

(Residence in Baltimore: No. 3017 W. North Ave St.; 65 yrs. 11 mos. 24 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	White	Married

6-DATE OF BIRTH: August 11, 1851 (Month) (Day) (Year)

7-AGE: 65 yrs. 11 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Wm Rouzer

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Margarite Rouzer

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. H. Stineman

(Address) 3017 W North Ave

15 AUG 5 - 1917 Filed ..... 191 BARRY O. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug 4, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1916, to Aug 4 1917 that I saw h[illegible] alive on Aug 3 1917 and that death occurred, on the date stated above, at 6.50 p.m.

The CAUSE OF DEATH* was as follows:

Rupture of Aortic Reg—

(Duration) 1 yrs. — mos. — ds

Contributory (SECONDARY) Nephritis & Arteriosclerosis

(Duration) — yrs. — mos. — ds.

(Signed) Arthur Wiggins M. D.

Aug 4, 1917 (Address) 2031 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Aug 6 1917

20-UNDERTAKER	ADDRESS
J O Mitchell	1401 N Fayette St

D 7389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 7389

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 24 Redding Court. St.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver Walker.(C)

(Residence in Baltimore: No. 24 Redding Court. St.; 20 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	Colored	Widower

6-DATE OF BIRTH, Do not know. (Month), (Day), 1 (Year)

7-AGE,	If LESS than 1 day,
70 yrs. -- mos. -- ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer in 040
(b) General nature of industry, business, or establishment in which employed (or employer): Commission house.

9-BIRTHPLACE, (State or Country), Hagerstown.Md.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country) Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country) Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Alsup.(C)

(Address) 24 Redding Court.

15-

Filed AUG 5 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3rd. 1917. (Month), (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs. 1 mos. ....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

Aug. 4, 1917 (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn DATE OF BURIAL, Aug 5 1917

20-UNDERTAKER J. M. Daylet ADDRESS 5 & Lee

Spec.—8-24-14—M. & T.—2000 Bks.

D 7390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 7390

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1145 Richmond Av St.; 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernst Becker

(Residence in Baltimore: No. 1145 Richmond Av St. Life yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Widower

6-DATE OF BIRTH, December 25, 1845 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
65 yrs. 5 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John Becker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Parsons

(Address) 1145 Richmond Av

15-

AUG 5 1917

Filed....., 191.... CHAS. G. ...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 4, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1917, to Aug 4 1917, that I saw him alive on Aug 3 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. S. Amoss M. D.

Aug 5, 1917.. (Address) 7 E Hamilton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Aug 7, 1917.

20-UNDERTAKER Lowebook ADDRESS Pork Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7391

CERTIFICATE OF DEATH.

64 D 7391

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2629 East Oliver ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Korn

(Residence in Baltimore: No. 2629 East Oliver St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Married

6-DATE OF BIRTH, May (Month) 14 (Day), 1875 (Year)

7-AGE, 41 yrs. 2 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Henry Grasnick

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Maryland

12-MAIDEN NAME OF MOTHER Julia Grasnick

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Korn

(Address) 2629 East Oliver Street

15-

Filed AUG 5 1917, 191.... HENRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 3 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 8 1917, to Aug 3 1917, that I saw her alive on Aug 3 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Left Hemiplegia—Apoplectic
Ingestion & High Blood
Pressure

(Duration) Hemiplegia—1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ingestion & High Blood Pressure (Duration) yrs. mos. ds.

(Signed) C. O. Carman M. D.

Aug 4, 1917. (Address) 1704 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. mos. ds. In the State.....yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Aug 6, 1917

20-UNDERTAKER William Cook

ADDRESS 307 E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1704 North Caroline Dr Carman

Spec.—5-19-13—[illegible] & T.—500 Bks.

D 7392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7392

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Saratoga ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Doyle.

(Residence in Baltimore: No. 1112 Saratoga St.; 79 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower.

6-DATE OF BIRTH, July 31, 1825
(Month) (Day) (Year)

7-AGE, 92 yrs. — mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). 040

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Doyle

(Address) 1112 Saratoga St.

15- AUG 5 1917 Filed ..... 191.. EARL C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1917, to August 3 1917, that I saw him alive on August 3 1917, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease,

(Duration) ....yrs. 10 mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(Duration) ....yrs. .... mos. 1 ds.

(Signed) A. L. Driscoll M. D.

Aug 4, 191.7 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral. DATE OF BURIAL, 8 6, 191 7

20-UNDERTAKER H. C. Baumgardner ADDRESS 517 N Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7393 X40 ✓

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Union Protestant Infirmary ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Robert L. Jones (Isabella)

(Residence in Baltimore: No. Union Protestant Infirmary St.; ..... yrs., mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	widowed

6-DATE OF BIRTH, ... November (Month) 20 (Day), 1844 (Year)

7-AGE	If LESS than 1 day,
62 yrs. 8 mos. 16 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Wales

PARENTS.

10-NAME OF FATHER, John G. Roberts

11-BIRTHPLACE OF FATHER (State or Country), Wales -

12-MAIDEN NAME OF MOTHER Isabella Owen

13-BIRTHPLACE OF MOTHER (State or Country), England -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J Dickinson & Sons

(Address).....

15- AUG - 1917 HARRY O. ANDREWS DEPUTY REGISTRAR

Filed....., 191.....

Registrar.

5

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... August (Month) 5th (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 16 1917, to August 5th 1917, that I saw her alive on August 4th 1917, and that death occurred, on the date stated above, at 8.40 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma 7 years.

Operation.

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. R. Micklethwaite M. D.

Aug. 5., 1917 (Address) Union Prot. Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 21 ds. In the State ..... yrs. ..... mos. 21 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Delta Pa -

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Delta Pa	Aug 6, 1917.

20-UNDERTAKER Wm J Tuke & Sons ADDRESS Penn Yorks

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 45

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 Eutaw Place ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Otto P. Stehn

(Residence in Baltimore: No. 1418 Eutaw Place Dr Kelly's Sant St.; ..... yrs., 1 mos. 17 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June 5, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 2 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sales Manager 086
(b) General nature of industry, business, or establishment in which employed (or employer): Hydraulic Press Steel Co 617

9-BIRTHPLACE, (State or Country),
Sheybygan Wisconsin

PARENTS.

10-NAME OF FATHER, Mr. John S Stehn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Magdalene (?)

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth M. Moyer

(Address) 1418 Eutaw Place

15-

Filed ....., 191..

HARRY O. ZINKAND
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 11 1917, to Aug 5 1917, that I saw h[illegible] alive on Aug 5 1917, and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Testicle

Operation.

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) General Sarcomatosis

(Duration) yrs. 4 mos. ds.

(Signed) Elizabeth M. Moyer M. D.

Aug. 5, 191.7 (Address) 1418 Eutaw Place.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 17 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Cleveland Ohio

Former or usual residence Cleveland Ohio

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cleveland Ohio	Aug 6., 191.7

20-UNDERTAKER	ADDRESS
John D. Mitchell	120 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 7395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7395

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2623 Keyser ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Holliday

(Residence in Baltimore: No. 2623 Keyser St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February 11, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm Holliday

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Nellie Given

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Holliday

(Address) 2623 Keyser St

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9 1917, to August 3 1917, that I saw h.. alive on August 3 1917, and that death occurred, on the date stated above, at 1 45 P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration)....yrs. 1 mos.....ds.

CONTRIBUTORY (Secondary) Duodenal Ulcer

(Duration)....yrs.....mos.....ds.

(Signed) Edward E Cook M. D.

8-4, 191 7. (Address) 913 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery

DATE OF BURIAL, August 6, 1917

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Harford Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7396 D 7396

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 E. Lanvale St.; 9 Ward) REGISTERED No. C 45

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William P. Pensel

(Residence in Baltimore: No. 1413 E. Lanvale St.; 6 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH: February 13th, 1848 (Month) (Day) (Year)

7-AGE: 69 yrs. 5 mos. 21 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Retired (b) General nature of industry, business, or establishment in which employed (or employer): Wholesale Milk business

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Jacob Pensel

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Christine Kappes

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Pensel

(Address) 1638 Hanford Ave

15-

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: August 3rd, 1917 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 19th, 1917 to August 3rd, 1917, that I saw h[im] alive on August 3rd, 1917, and that death occurred, on the date stated above, at 10½ p. m.

The CAUSE OF DEATH* was as follows:

Cancer of right eye

operated in 1914 Dr. Lindoe[?]

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia Pressure recurrent Cancer

(Duration) yrs. 2 mos. 14 ds.

(Signed) Harry A. Meyer M. D.

Aug. 6th, 1917. (Address) 703 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Aug. 6th, 1917.

20-UNDERTAKER: Geo J. Rueth ADDRESS: 1735 Hanford Ave.

D 7397

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7397

CERTIFICATE OF DEATH.

REGISTERED No. C 183

1-PLACE OF DEATH

CITY OF BALTIMORE (No. N. Pat. ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Summers

(Residence in Baltimore: No. 1825 Bond St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	White	Single

6-DATE OF BIRTH, July 31, 1892
(Month) (Day) (Year)

7-AGE, 25 0 2
yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): O'N

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Summers

(Address) 1825 N Bond st.

15- AUG 6 - 1917

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis acute

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Stab in abdomen

(Duration) yrs. mos. ds.

(Signed) ..... M. D.
(Coroner)

Aug 4 1917 (Address) 819 N Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cem	Aug. 6th, 1917
20-UNDERTAKER Geo. J. Ruth	ADDRESS 1735 Harford av.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7398

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7398

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 Edmond ST.; 5 WARD) REGISTERED No. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Freeman

(Residence in Baltimore: No. 1231 Edmond St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, March 1, 1849
(Month) (Day) (Year)

7-AGE, 68 yrs. 4 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): OFC

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, James Freeman

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Freeman

(Address) 1231 Edmond St

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 4th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3d 1917, to Aug 4th 1917, that I saw him alive on Aug 3d 1917, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(Duration) 3 yrs. ~ mos. ds.

CONTRIBUTORY (Secondary) Chronic Rheumatism

(Duration) 4 yrs. ~ mos. ds.

(Signed) W. Thruston M. D.

....., 191... (Address) 1226 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cemetery DATE OF BURIAL, Aug 6, 1917

20-UNDERTAKER Clarie H. Johnson & Son ADDRESS Carlton St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7399

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 7399

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Appleton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lutz

(Residence in Baltimore) No. 1735 Appleton St.; 10 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state classified. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Wht	Married

6-DATE OF BIRTH, Nov 24th, 1837. (Month) (Day) (Year)

7-AGE, 79 yrs. 8 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ret. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), Balto. Co. Md.

PARENTS.

10-NAME OF FATHER, John Lutz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Hook

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John Lutz

(Address) 1735 Appleton St

15-

AUG 6 - 1917

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 5th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1917, to Aug. 5, 1917, that I saw h[illegible] alive on Aug. 5th 1917, and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Pneumonia Congestion of Lungs

5 Days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease

(Duration) 1 yrs. mos. ds.

(Signed) E. Emslie M. D.

Aug. 5, 1917. (Address) 1605 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, Aug. 7, 1917

20-UNDERTAKER Harry W. Ehlen ADDRESS 1944 W. North Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 7400 ✓ 109

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adelaide Sterling

(Residence in Baltimore: No. 1129 Brevel St St.; 1 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Negro

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Single

6-DATE OF BIRTH, Unknown ....., 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, A Sterling

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Eva Jones

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eva Sterling

(Address) 1129 Brevel St

15- AUG - 1917 MARY C. ANDREW

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 3, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 26 1917, to Aug 3 1917, that I saw h im alive on Aug 3 1917, and that death occurred, on the date stated above, at 5.28 P m.

The CAUSE OF DEATH* was as follows:

Acute pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Intussusception

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Paul Allen M. D.

Aug 3, 191 7. (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State 1 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1129 Brevel St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, Aug 6, 1917

20-UNDERTAKER Harold Easton

ADDRESS 916 Penna ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7201 — 104 — D 7201

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.) (WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Vickers

(Residence in Baltimore: No. 2118 Cambridge St St.; ....yrs., mos. 20 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state fully and correctly all blanks be carefully supplied.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	✓

6-DATE OF BIRTH, July 16, 1917
(Month) (Day) (Year)

7-AGE, — yrs. — mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Vickers

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Dena Kine

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- AUG 6 1917 HENRY G. ANGLE Clerk

Filed....., 191.... Registrar. WBS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH August 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1 191 7 to August 5 191 7, that I saw him alive on August 5 191 7, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

gastro-intestinal indigestion, acute

(Duration)....yrs....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Margaret Tyler M. D.

Aug 5, 1917. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ✓ yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2118 Cambridge St

19-PLACE OF BURIAL OR REMOVAL, St Vincent's — DATE OF BURIAL, ..., 191...

20-UNDERTAKER Robert Kerns — ADDRESS

Spec.—8-24-14—M. & T.—2000 lks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7402

CERTIFICATE OF DEATH.

104 ✓ D 7402

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 W Lemmon ST.; 4 WARD) REGISTERED No. C.....

(If death occurred in a Hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Rutkauckas

(Residence in Baltimore: No. 613 W Lemmon St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... December (Month) 14th (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 7 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 070

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Joseph Rutkauckas

11-BIRTHPLACE OF FATHER (State or Country), Lithuania

12-MAIDEN NAME OF MOTHER Susie Datsmane

13-BIRTHPLACE OF MOTHER (State or Country), Lithuania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Joseph Rutkauckas

(Address)... 613 W Lemmon

15-

AUG 6 1917

Filed....., 191.....

HARRY C. BAUER
Burial Permit Clerk

Registrar.

W.P.S.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug. (Month) 5th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3rd 1917, to Aug 5th 1917, that I saw h[illegible] alive on Aug 3rd 1917, and that death occurred, on the date stated above, at 1136a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration).....yrs.....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Chas B. Ehrlich M. D.

Aug 5th, 1917. (Address) 830 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislowas	Aug 6, 1917
20-UNDERTAKER	ADDRESS
John Greblauckas	425 S Paca

Spec.—8-24-14—M. & T.—2000 Bks.

D 7403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 ✓

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 S. Bethel ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislawa Klosek

(Residence in Baltimore: No. 726 S. Bethel St ST.; ..... yrs., 8 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. 7, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 29 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... " " 000

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Stanislaw Klosek

11-BIRTHPLACE OF FATHER (State or Country). Russian Poland.

12-MAIDEN NAME OF MOTHER Teofila Kaliniowska

13-BIRTHPLACE OF MOTHER (State or Country). Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Teofila Klosek

(Address) 726 S. Bethel St

15-

AUG 6 - 1917

HARRY D. [illegible]
Burial Permit Clerk

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 5, 1917 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 27, 1917, to Aug 5 1917

that I saw h[illegible] alive on Aug 5 1917

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Entero Colitis

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. J. Rawak M. D.

Aug 6, 1917 (Address) 2000 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Holy Rosary — DATE OF BURIAL, Aug. 6, 1917

20-UNDERTAKER Thos Falkowski — ADDRESS 1618 Eastern Ave

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. ...ould be carefully supplied. AGE ...perly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

D 7401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7401

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 S Curley ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Wojciechowski

(Residence in Baltimore: No. 1029 S. Curley St.; Life yrs., mos. ds.)

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. AGE should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept (Month) 12 (Day), 1916 (Year)

7-AGE, ...yrs. 10 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none 000
(b) General nature of industry, business, or establishment in which employed (or employer)..... (infant)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Michal Wojciechowski

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Jozefa Klich

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michal Wojciechowski

(Address) 1032 S. Curley

15- AUG 6 1917 HARRY C. ANDREWS Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 191 7, to Aug 5 191 7, that I saw h.. alive on Aug 4 191 7, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Acute enter colitis

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) exhaustion + toxemia

(Duration) ....yrs. ....mos. 2 ds.

(Signed) V. V. Wrights M. D.

Aug 6, 1917. (Address) 3.078 Darnall St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Cem — DATE OF BURIAL, Aug 7, 1917

20-UNDERTAKER, Stephen J. Fialkowski — ADDRESS 1049 S. Kenwood Ave

Spec.—8-24-14—M. & T.—2000 Bks.

7405

HEALTH DEPARTMENT—CITY OF BALTIMORE

7405

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 2nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Peter Jos Staniewicz

(Residence in Baltimore: No. 1616 Shakespeare St.: 1 yrs., 9 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... 102

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, John Staniewicz

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Antonette

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Staniewicz

(Address) 1616 Shakespeare St

15-

Filed....., 191.... HARRY C. O. KEIL, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 5, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30 1917, to August 5 1917, that I saw him alive on August 5 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum.

(Duration) ....yrs. ....mos. 20 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. L. Jacobs M. D.

Aug. 5, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 0 ds. In the State — yrs. 9 mos. — ds.

Where was disease contracted, if not at place of death? 1616 Shakespeare St

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem — DATE OF BURIAL, Aug. 7, 1917

20-UNDERTAKER Stephen J Kalkowski — ADDRESS 1049 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7406

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7406

CERTIFICATE OF DEATH.

182

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 2802 E Balto St., 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alatha Scarborough

(Residence in Baltimore: No. 2802 E Balto, St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	colored	Widow

6-DATE OF BIRTH, ... (Month) Feb (Day) 29, (Year) 1880

7-AGE	If LESS than 1 day,
37 yrs. 5 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House 037
(b) General nature of industry, business, or establishment in which employed (or employer)..... work

9-BIRTHPLACE, (State or Country), NC

PARENTS.

10-NAME OF FATHER Clerk wagot,

11-BIRTHPLACE OF FATHER (State or Country), NC

12-MAIDEN NAME OF MOTHER Cockman

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Scarborough.

(Address) 2802 E Balto

15- AUG 6 - 1917 HARRY C. ANDREWS Burial Permit Clerk

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Aug (Day) 4 (Year) 1917

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide Pistol Shot

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) ..... M. D. (Coroner.)

Aug 4, 1917 (Address) City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemy	Aug 7, 1917
20-UNDERTAKER	ADDRESS
Albert E Fuller	221 N Bradey

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

D 7407

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7407

CERTIFICATE OF DEATH.

1-PLACE OF DEATH ~~H. H.~~ Hebrew Hospital 108 REGISTERED NO. C

CITY OF BALTIMORE: (No. 9 ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Mrs. Katinka S. Moore

(Residence in Baltimore: No. 3008 Harford Road St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, Oct 11, 1884 (Month) (Day) (Year)

7-AGE 32 yrs. 9 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Robert E. L. Johns

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Maryand Sherman

13-BIRTHPLACE OF MOTHER (State or Country), Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ruth L Moore

(Address) 3008 Harford Rd

15- AUG 6 - 1917 Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 4 1917, to Aug 5 1917, that I saw her alive on Aug 5 1917, and that death occurred, on the date stated above, at 9.20 a.m.

The CAUSE OF DEATH* was as follows:

~~Peritonitis following~~ Acute Gangrenous (Appendicitis)

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) General purulent Peritonitis

(Duration) yrs. mos. 1 ds.

(Signed) L. L. Jacobs M. D.

8-5, 1917. (Address) H. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 33 yrs. 1 mos. ds.

Where was disease contracted, if not at place of death? ~~Balto~~ Not Residence

Former or usual residence 3008 Harford Road

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Aug 7, 1917

20-UNDERTAKER Albert C Fuller ADDRESS 221 N Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7408

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7408

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 620 Vincent Ave 6 But ST.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beyonnie B Land,

(Residence in Baltimore: No. Dont know St. 7 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, Sept 1, 1882
(Month) (Day) (Year)

7-AGE 34 yrs. 11 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Harlan Bland

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Moyne

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Bland

(Address) 2812 E Balto

15-

Filed....., 191.....

.....Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shot, Police

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) J. Wm. Smith (Coroner.) M. D.

Aug 4, 191... (Address) C. C. Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Ralph Bland Md. | DATE OF BURIAL, Aug 7, 1917

20-UNDERTAKER Edw E Fuller | ADDRESS 221 N Brady

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 6 1917

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

VII. 7409

VII. 7409

120

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1122 N. Calhoun St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Madden

(Residence in Baltimore: No. 1122 N. Calhoun St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown 1 (Month) (Day) (Year)

7-AGE, 37 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James E Madden

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Myers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ruth Madden

(Address) 1122 Calhoun St

15-

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 4, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1917, to Aug 4 1917, that I saw him alive on Aug 3 1917, and (that death occurred, on the date stated above, at 9:41 a m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis
Chronic Cystitis

(Duration) ... yrs. 3 mos. 4 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ... yrs. ... mos. 4 ds.

(Signed) Jno. H. Slaughter M. D.

Aug 4, 191 7. (Address) 1019 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Aug 6, 1917

20-UNDERTAKER Samuel Hensley — ADDRESS 3781 Belair

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 7410

HEALTH DEPARTMENT—CITY OF BALTIMORE

7410

CERTIFICATE OF DEATH.

179

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 928 Gran ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Clair

(Residence in Baltimore: No. 1407 N Fremont St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Mar

6-DATE OF BIRTH, Unknown, 18..6
(Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country): Balto, Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilhemina Foster

(Address) 832 Jessup St.

15-

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed).....M. D.
(Coroner.)

....., 191.. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Aug 6, 1917
20-UNDERTAKER	ADDRESS
Jane L Stanley	578 N Biddle

D 7411

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

179✓

D 7411

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1506 Vine St.: 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Anderson

(Residence in Baltimore: No. 1506 Vine St.: — yrs. 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day) (Year)

7-AGE: 73 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Pooter
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Anderson

(Address) 1506 Vine St.

15.

Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug. (Month) 2 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1917, to Aug. 2 1917, that I saw him alive on Aug 2, 1917, and that death occurred, on the date stated above, at 8.56 m.

The CAUSE OF DEATH* was as follows:

Heat-Stroke

(Duration) ..... yrs. ..... mos. 4 hrs.

Contributory (SECONDARY) Cardiac Syncope

(Duration) ..... yrs. ..... mos. 1 hr.

(Signed) H. Holland Keech M. D.

Aug. 2, 1917 (Address) 214 N. Calhoun St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. | DATE OF BURIAL: Aug 6, 1917

20-UNDERTAKER: Samuel A. Beasley | ADDRESS: 5 Bloxsom

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE WITH PERMANENT INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

D 7412

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7412

CERTIFICATE OF DEATH.

120 ✓

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Charles ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Eliza Parkhill

(Residence in Baltimore: No. 417 N. Charles St ST.; 17 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Dec (Month) 5 (Day), 1835 (Year)

7-AGE, 81 yrs. 8 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, Geo. E. Langston

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Howell

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John P. Hill

(Address) 13 W. Franklin St.

15-

Filed ....., 191.....

..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 5 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1917, to Aug 5 1917, that I saw h[er] alive on Aug 4 1917, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

..... Cerebral Hemorrhage .....

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Senile Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Warren Buckler M. D.

Aug 5, 1917. (Address) 806 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, Aug 6, 1917

20-UNDERTAKER Henry W. Jenkins & Sons

ADDRESS Orchard & McCulloh Sts

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

D 7413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30 D 7413

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 E Lexington ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Hill

(Residence in Baltimore: No. 1423 E. Lexington st St.; Life mos. ds)

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER, Felenon Hill

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sarah Scott

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Scott

(Address) 1423 E Lexington

15-

Filed ....., 191.....

....., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from aug 5 to 1917, to aug 5 1917, that I saw h alive on aug 5 1917, and that death occurred, on the date stated above, at 12 P.m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Heat + artificial feeding

(Duration) ....yrs. ....mos. ....ds.

(Signed) Richard D Eastman M. D.

aug 5, 1917 (Address) 1514 E Balto st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Albany

DATE OF BURIAL, Aug 6, 1917

20-UNDERTAKER John W Henderson

ADDRESS 319 N Caroline

Spec.—8-24-14—M. & T.—2000 Blks.

8

D 7414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 D 7414

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St.; 14 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Potter

(Residence in Baltimore: No. 559 Booker (Baker) St.; ..yrs., ..mos. ..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Sept 7, 1912
(Month) (Day) (Year)

7-AGE, 4 yrs. 11 mos. 7 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Potter

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hospital

(Address) Albert & Lee Sts

15-

AUG 6 - 1917 HARRY C. [illegible] Registrar's Clerk

Filed....., 191.. 3805 3812

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1917, to Aug 5 1917, that I saw him alive on Aug 5 1917, and that death occurred, on the date stated above, at 10.35 a. m.

The CAUSE OF DEATH* was as follows:

Appendicitis (Ruptured Appendix)

(Duration) ..yrs. ..mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Peritonitis

(Duration) ..yrs. ..mos. ..ds.

(Signed) Burton A. Smith M. D.

Aug 5, 1917. (Address) 1116 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. 24 hours ds. In the State ..yrs. ..mos. Life ds.

Where was disease contracted, if not at place of death? 559 Baker St

Former or usual residence 559 Baker St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Aug 7, 1917.

20-UNDERTAKER Joseph A Farrell

ADDRESS 2219 Division St

EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7415

CERTIFICATE OF DEATH.

120 D 7415

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 Madison Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Jane Morris

(Residence in Baltimore: No. 926 Madison Ave St.; ... yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, (WIDOWED,) OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov (Month) 27 (Day), 1845 (Year)

7-AGE, 71 yrs. 8 mos. 9 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Wm Hawk.

11-BIRTHPLACE OF FATHER (State or Country), Ill.

12-MAIDEN NAME OF MOTHER Auncbaugh

13-BIRTHPLACE OF MOTHER (State or Country), Scotland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs A. Smith.

(Address) Chambersburg, Pa.

15-

AUG 6 1917

Filed ..., 191...

W. H. P. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1917, to Aug 5 1917, that I saw her alive on Aug 5 1917, and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstit. Nephritis

(Duration) 10 (?) yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Rheumatoid arthritis

(Duration) 36 yrs. ... mos. ... ds.

(Signed) Wm. P. Geraghty M. D.

Aug 5, 1917. (Address) 1737 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Shippensburg - Pa	Aug. 8, 1917.
20-UNDERTAKER Wm Cook	ADDRESS 502 E North

d. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7416 — 40 ✓ — D 7416

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary (ST., AVE., OR WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John P Flaum

(Residence in Baltimore: No. 942 N Collington Ave.; Life 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 27 (Day) 1873 (Year)

7-AGE,	If LESS than 1 day,
44 yrs. 2 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... 040
(b) General nature of industry, business, or establishment in which employed (or employer)..... Car Cleaner

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Frederick Pflaum

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Marie Fritz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)...Nellie Pflaum.....

(Address)...942 N. Collington

15- AUG 6 1917

Filed....., 191.....

W. F. S. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 4 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 21 1917, to Aug 4 1917, that I saw h.. alive on Aug 4 1917, and that death occurred, on the date stated above, at 6^00 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
(Post operative)
(Duration) 2 wks. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) O. M. Harmon M. D.

7/4, 1917 (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 942 N Collington Ave.

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, Aug 7, 191..

20-UNDERTAKER Wm Cook — ADDRESS 502 E North

Burial Permit Clerk

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 7417

CERTIFICATE OF DEATH.

40

D 7417

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 William ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Wenzel

(Residence in Baltimore: No. 1710 William St.: ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 10, 1855 (Month) (Day) (Year)

7-AGE, 62 yrs. 2 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 140

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Wenzel

(Address) 1710 William St

15- AUG 6 - 1917 HARRY C. [illegible] Burial Permit Clerk

Filed....., 191.... M.D.S. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 4, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 1917, to Aug 4 1917, that I saw h[illegible] alive on Aug 3 1917, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Abdomen

Clinical (Duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. 7 ... ds.

(Signed) R. S. Campbell M. D.

Aug 4, 191.7 (Address) 1600 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cedar Hill

DATE OF BURIAL, Aug 7, 1917.

20-UNDERTAKER Wilbur Cook

ADDRESS 502 E North

243

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD

Gil. 2573-17

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 D 7418

REGISTERED NO. 5447

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 317 N. Poppleton ST. 18 WARD)

2-FULL NAME Premature birth

(Residence in Baltimore: No. 317 N. Poppleton St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: (Month) (Day), 1 (Year)

7-AGE: yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City

PARENTS'

10-NAME OF FATHER: Abraham Smuckler

11-BIRTHPLACE OF FATHER (State or country): M.D.

12-MAIDEN NAME OF MOTHER: Mildred Friomar

13-BIRTHPLACE OF MOTHER (State or country): M.D.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. Smuckler

(Address) 317 N. Poppleton St

15.

AUG 5 - 1917

Filed ..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 5 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1917, to Aug 5 1917, that I saw h-- alive on Aug 4, 1917, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Harry Glassman M. D.

Aug. 5, 1917 (Address) 268 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Mt Carmel | DATE OF BURIAL: Aug 5, 1917

20-UNDERTAKER: S. Levinson & Bro | ADDRESS: 1107 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 7210

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7210

64

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. St. Joseph's Hospital ST.: 9 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob S. Sadler

(Residence in Baltimore: No. Unknown St. Life mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE White

5-~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, Don't know, 1 (Month) (Day) (Year)

7-AGE, about 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Butcher
(b) General nature of industry, business, or establishment in which employed (or employer). 013

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Henry Sadler.

11-BIRTHPLACE OF FATHER (State or Country), Don't know

12-MAIDEN NAME OF MOTHER Elizabeth Swain

13-BIRTHPLACE OF MOTHER (State or Country), Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mollie Sadler
(Address) 1540 Gorsuch Ave

15-
AUG 6 1917
Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inq. (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed) [illegible] (Coroner.) M. D.
July 6, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem
DATE OF BURIAL, Aug 7, 1917.

20-UNDERTAKER Wm. Cook
ADDRESS 502 S. Hall

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7420

CERTIFICATE OF DEATH.

172

D 7420

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 W. 38th. St. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry M. Fuhrman

(Residence in Baltimore: No. 1022 W. 38th. St. St.; 36 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widowed

6-DATE OF BIRTH, January (Month) 16 (Day) 1831 (Year)

7-AGE, 86 yrs. 6 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Penna.

PARENTS.

10-NAME OF FATHER, David M. Fuhrman

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Catherine Mankey

13-BIRTHPLACE OF MOTHER (State or Country), Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John Frank

(Address) 1022 W. 38th. St.

15-

Filed ....., 191.. HARRY U. ARCHER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 5th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 13th 1917, to Aug 5th 1917, that I saw h wm. alive on Aug 4th 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Softening

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) A fall from his chair on May 13th (accident)

(Duration) yrs. 2 mos. 23 ds.

(Signed) Geo. L. Shower M. D.

....., 191... (Address) 3721 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Carroll Co. Md. DATE OF BURIAL, Aug. 7., 1917.

20-UNDERTAKER A.S.Marshall ADDRESS 3539 Falls Road

7421

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

Registered No. C.....

CITY OF BALTIMORE: (No. 2066 Plymouth Av St.: 13th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Franklin Arrington Jr.

(Residence in Baltimore: No. 2066 Plymouth Av St.; 4 yrs. 4 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH March 11 (Month) (Day) 1913 (Year)

7-AGE 4 yrs. 4 mos. 26 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE (State or country) Balto City Md

PARENTS

10-NAME OF FATHER Benjamin Franklin Arrington Sr.

11-BIRTHPLACE OF FATHER (State or country) Laurel Md.

12-MAIDEN NAME OF MOTHER Viola Van Dyke

13-BIRTHPLACE OF MOTHER (State or country) Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Benjamin F Arrington

(Address) 2066 Plymouth Ave

15-

Filed ....., 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug. 6th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1917, to, Aug 6 1917, that I saw him alive on Aug 6 1917, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Edema of Glottis
Exhaustion

(Duration) 2 yrs mos. 3 hrs.

Contributory (SECONDARY) Measles + Convulsions

(Duration) ..... yrs ..... mos. 1 ds.

(Signed), Vernon F Keedy M. D.

Aug 6 1917 [Address) 2705 Eutaw

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Woodlawn Cem. DATE OF BURIAL Aug 7, 1917

20-UNDERTAKER Simmons & Son ADDRESS 3619 Eastern Ave

AUG 6 1917 MABEL C. [illegible] Burial Permit Clerk

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK

D 7422

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

D 7422

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1807 Friendsbury Place ST.: 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edna Mary Wilson

(Residence in Baltimore: No. 1807 Friendsbury Place ST.: yrs. 2 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6 DATE OF BIRTH: May 29 (Month), (Day), 1917 (Year)

7 AGE: ..... yrs. 2 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Robt E. Wilson

11 BIRTHPLACE OF FATHER (State or country): Wales

12 MAIDEN NAME OF MOTHER: Anna Kernan

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robt E Wilson

(Address) 1807 Friendsbury

15. HARRY C. ARNOLD

Filed AUG 6 1917, 191 Registrar

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 5 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1917, to Aug 5 1917, that saw her alive on Aug 4, 1917, and that death occurred, on the date stated above, at 8.15 A m.

The CAUSE OF DEATH* was as follows:

Entero Colitis

(Duration) yrs. mos. 28 ds

Contributory (SECONDARY) Malnutrition

(Duration) yrs. mos. 6 ds.

(Signed) Chas A Feltenstein M.D.

Aug 5, 1917 (Address) 1807 N Monroe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Peters Cem

DATE OF BURIAL: Aug 6, 1917

20 UNDERTAKER: M Talbert Sons

ADDRESS: 608 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7423 — 120 — D 7423

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 22 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carbet Hogan

(Residence in Baltimore: No. 115 Hughes St St.; ... yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. Mar 5, 1860 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
57 yrs. 5 mos. 0 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), N. Y.

PARENTS.

10-NAME OF FATHER, John Hogan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Riley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Calvert St.

15-

Filed AUG 6 1917, 191... HARRY C. ANDREWS Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 5, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1917, to Aug 5 1917, that I saw h[illegible] alive on Aug 5 1917, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

Myocarditis

(Duration) Several Years

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward J. Smith M. D.

Aug 5, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 1 ds. In the State 30 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 115 Hughes St

Former or usual residence 115 Hughes St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Aug 8, 1917
20-UNDERTAKER	ADDRESS
F. A. Krause	903 Hanover

D 7424

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7424

CERTIFICATE OF DEATH.

X 172

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 17 Front St. Harwood ST. 9th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Webster,

(Residence in Baltimore: No. Steamer Saloon St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal

4-COLOR OR RACE, Wh

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 28 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Saloon

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Causey

(Address) 11 E. Fayette St.

15-

Filed AUG 6 1917, 191.. HARRY C. ARCHARD Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 5, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatic Shock

Gunshot wound

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm F. Smith M. D. (Coroner.)

Aug 6 1917 (Address) 4 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. 4 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Aug 6, 1917

20-UNDERTAKER Joseph Block ADDRESS 1003 W. Balto St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Knight

(Residence in Baltimore: No. 531 Burgundy Alley St.: — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH. June 8, 1917.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 mos. 3 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Gertrude Knight

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed....., 191... HARRY C. JONES
Registrar. BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 191, to June 21 191, that I saw h.. alive on June 21 191, and that death occurred, on the date stated above, at 6 45 a.m.

The CAUSE OF DEATH* was as follows:

.....Prematurity.....

..... (Duration) 0 yrs. 1 mos. 23 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration)....yrs....mos....ds.

(Signed) Henry B. Conrad M. D.

June 21, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 531 Burgundy Alley

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

AUG 6 1917 JOHNS HOPKINS HOSPITAL
Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X38

D 7426

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Sheffield

(Residence in Baltimore: No. 10 Dorsey St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. March 2, 1887 (Month) (Day) (Year)

7-AGE. 30 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE. (State or Country): Penn.

PARENTS.

10-NAME OF FATHER: John Adams

11-BIRTHPLACE OF FATHER (State or Country): S.C.

12-MAIDEN NAME OF MOTHER: Amanda Murray

13-BIRTHPLACE OF MOTHER (State or Country): N.C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hosp.

15-

Filed....., 191.... (Clerk)

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: August 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1917, to August 2 1917, that I saw h— alive on August 2 1917, and that death occurred, on the date stated above, at 2.10 p m.

The CAUSE OF DEATH* was as follows:

Tumor Peritonitis
(Chronic Pelvic Inflammation)
Stone (Gonorrheal (?))

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Pelvic Inflam Surgical

(Duration) yrs. 7 mos. ds.

(Signed) W. H. Halsted M. D.

Aug....., 191.7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Conetoe N.C.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

HARRY C. ...

Burial Permit Clerk

Rev. Wm. E. WORDALL

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, with pen and ink.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 7427

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Chapland

(Residence in Baltimore: No. 1716 W. Martin St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 26 (Month) (Day), 1916 (Year)

7-AGE, 1 yrs. 11 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Louis White

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Chaplin

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Smith

(Address) Johns Hopkins Hospital

15- AUG 6 1917

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 2 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 2 1917, to August 2 1917, that I saw h m alive on August 2 1917, and that death occurred, on the date stated above, at 6 55 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar, acute

(Duration)....yrs....mos....7...ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Henry B. Compton M. D.

Aug 4, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1716 W Martin St

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS in reporting CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JOHNS HOPKINS HOSPITAL
HARRY C. ASHER
Bureau of Vital Statistics
Commissioner of Health,

Spec.—8-24-14—M. & T.—2000 Blks.

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7428

CERTIFICATE OF DEATH.

19

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital ST.; 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Johnson.

(Residence in Baltimore: No. 317 S. Sharp St. St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black.	Single

6-DATE OF BIRTH, ... (Month) Unknown (Day) 1871 (Year)

7-AGE,	If LESS than 1 day,
36 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, James Johnson

11-BIRTHPLACE OF FATHER (State or Country), V.

12-MAIDEN NAME OF MOTHER Harriet Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- HARRY C. ARMACOST, Burial Permit Clerk

Filed AUG 6 - 1917, 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Aug (Day) 1, (Year) 1917.

17- I HEREBY CERTIFY, That I attended deceased from July 31 1917, to Aug 1 1917, that I saw him alive on Aug 1 1917, and that death occurred, on the date stated above, at 7:25 a m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

..... (Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Aortic disease

..... (Duration) — yrs. — mos. — ds.

(Signed) B. B. Brumbaugh M. D.

Aug. 1, 1917. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 2 ds. In the State 10 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 317 S. Sharp St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
	....., 191...
20-UNDERTAKER Board of Health	ADDRESS

UNIVERSITY OF MARYLAND

Spec.—8-24-14—M. & T.—2000 Blks.

D 7429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 7429

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Valley ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret C Brien

(Residence in Baltimore: No. 1327 Valley St.; 50 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Oct 15, 1867 (Month) (Day) (Year)

7-AGE 69 yrs. 9 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John C Brien

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margt Burns

(Address) 1327 Valley St

15- AUG 6 1917

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 5, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Arterio Sclerosis 191..., to during Jan 1917, that I saw h[er] alive on about July 4 1917, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Apoplexy duration

..... (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Aug 7, 1917 (Address) 1327 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Aug 7, 1917.

20-UNDERTAKER J. C. Weidefeld

ADDRESS 914 Fremont Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 7430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 104 D 7430

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Yarrell

(Residence in Baltimore: No. Oakwood Catonsville Md St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If CHILDREN, number of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January 7, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 0 0 0

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, T. E. Yarrell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Marcia Perkins

13-BIRTHPLACE OF MOTHER (State or Country), Ill

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. S. Smith

(Address) Johns Hopkins Hospital

15-

Filed ....., 191....

AUG 6 1917 HARRY C. ANDREWS

Registrar.

Brushwood Av Catonsville

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 6, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 2 1917, to August 6 1917, that I saw h.. alive on August 6 1917, and that death occurred, on the date stated above, at 3 30 p. m.

The CAUSE OF DEATH* was as follows:

Gastro intestinal indigestion

(Duration) 9 yrs. 0 mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Hunter B. Conrad M. D.

Aug. 6, 191.7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Oakwood Catonsville Md.

19-PLACE OF BURIAL OR REMOVAL, Loudenslard — DATE OF BURIAL, Aug. 8, 191.7

20-UNDERTAKER H. Rutherford & Son — ADDRESS Monument

D 7431

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7431

1-PLACE OF DEATH — REGISTERED No. C 104

CITY OF BALTIMORE (No. 1020 N. Parish ST.: 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Bell Corbin

(Residence in Baltimore: No. 1020 N. Parish ST.: — yrs. 5 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: (Month) 3 (Day) 15, (Year) 1917

7-AGE: 4 yrs. 4 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, of establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Ester Corbin

11-BIRTHPLACE OF FATHER (State or country): Maryland Co. Va.

12-MAIDEN NAME OF MOTHER: Lucy Hatch

13-BIRTHPLACE OF MOTHER (State or country): Maryland Co. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hester Ball

(Address) 1020 Parish st

15. Filed AUG 6 1917, 191 — HARRY C. ARNOLD, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 25 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25 1917, to August 5th 1917, that I saw h— alive on August 5th 1917, and that death occurred, on the date stated above, at 11:20 a m.
The CAUSE OF DEATH* was as follows:

Diarrhea

(Duration) — yrs. — mos. 7 ds

Contributory (SECONDARY) Bad Nutrition

(Duration) — yrs. — mos. 7 ds.

(Signed), L. J. Bunter — M. D.

August 6 191 (Address) 1403 E. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Aug 6 1917

20-UNDERTAKER: Brown & Sons — ADDRESS 114 N. Eutaw

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7432 — 104 D 7432

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Jory

(Residence in Baltimore: No. 1540 William St. St.; yrs., 6 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR [redacted]RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, unknown, 1 (Month) (Day) (Year)

7-AGE, yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [redacted]

(Address) Johns Hopkins Hosp

15-

AUG 8 1917 HARRY D. GREENE Health Department Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 6 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to Aug 6 1917, that I saw h[redacted] alive on Aug 6 1917, and that death occurred, on the date stated above, at 6 2 p. m.

The CAUSE OF DEATH* was as follows:

acute Intestinal Indigestion

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) S. M. Rixey M. D.

8/6, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State [redacted] yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1540 William St

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, Aug 7, 191.

UNDERTAKER E & B Hasle

ADDRESS 115 E West St

WHITE PENCIL. WITH UNFADING INK.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7433 10 D 7433

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2400 W. North Ave ST.: 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabel Askew

(Residence in Baltimore: No. 2400 W. North Ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem

4-COLOR OR RACE White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Widow

6-DATE OF BIRTH Oct (Month) ..... (Day), 1872 (Year)

7-AGE 64 yrs. 9 mos. 2 ds. If LESS than 1 Day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER Geo Starr

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Rebecca Carter

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Hastings

(Address) 2402 North Ave

15.

Filed AUG 1917, 191.... HARRY C. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug. (Month) 6 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1917, to Aug 6 1917, that I saw h-r alive on Aug 5, 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis (cerebral)
Duration ..... yrs. 2 mos. ..... ds

Contributory (SECONDARY) Respiratory Complications
Duration ..... yrs. ..... mos. 2 ds.

(Signed) Irving Colvin M.D.

Aug 6, 1917 (Address) 2202 Garrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Olivet | DATE OF BURIAL Aug 8, 1917

20-UNDERTAKER Gorsuch | ADDRESS 651 W. Lexington St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7431 — 120 — D 7431

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Lafayette ave) (St.) 14 (WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie M. Smith

(Residence in Baltimore: No. 504 Lafayette St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1873 (Year)

7-AGE, 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(h) General nature of industry, business, or establishment in which employed (or employer). 037

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Simpson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary White

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mollie Smith

(Address) 504 N Lafayette

15- AUG 7 - 1917 MARY C. ANSELL

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3 1917, to Aug 5 1917, that I saw h er alive on Aug 4 1917, and that death occurred, on the date stated above, at 12 30 p m.

The CAUSE OF DEATH* was as follows:

Apoplexy + Bright's disease

(Duration) yrs. mos. 2 ½ ds.

CONTRIBUTORY (Secondary) ——

(Duration) yrs. mos. ds.

(Signed) Thos B Hall M. D.

8 6, 191 7 (Address) Halethorpe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, Aug 7, 191..

20-UNDERTAKER Samuel L Hendley

ADDRESS Ft Worth Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7435

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

D 7435

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1737 Druid Hill Ave St. 14 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert D Johnson

(Residence in Baltimore: No. 1737 Druid Hill Ave St.; yrs. 3 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: April 16 1917 (Month) (Day) (Year)

7 AGE: yrs. 3 mos. 20 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: William H Johnson

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Maud Burrell

13 BIRTHPLACE OF MOTHER (State or country): Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William H Johnson

(Address) 1737 Druid Hill Ave

15. Filed AUG 7 - 1917 191 HARRY C. ARNOLD Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 6 (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1917. to Aug 6, 1917; that I saw him alive on Aug 5, 1917; and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) ..... yrs. 1 mos. 1 ds

Contributory (SECONDARY) Gastro-Enteritis

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Edward V Fitzgerald M.D.

Aug 6, 1917 (Address) 1118 Park Ave

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery | DATE OF BURIAL: Aug 7, 1917

20 UNDERTAKER: James H. Dennis | ADDRESS: 1303 Freestmore

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7436

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 Fremont Ave ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Dorsey

(Residence in Baltimore: No. 1323 N Fremont Ave St.; 6 yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) ..... (Day) 1917 (Year)

7-AGE, 6 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Bessie Dorsey

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Dorsey

(Address) 1323 N Fremont Ave

15-

Filed ..... 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from aug 3 1917, to aug 5 1917, that I saw h[er] alive on aug 5 1917, and that death occurred, on the date stated above, at 8-30 p m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Heat.

(Duration) yrs. mos. ds.

(Signed) T E Daughen M. D.

aug 5, 191... Address 1802 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Aug 7, 1917

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Pennsylvania Ave

Spec.—5-19-13—M. & T.—500 Blks.

D 7437

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7437

CERTIFICATE OF DEATH.

REGISTERED NO. C 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 Jenkins ally, ST.; 11 WARD)

(If death occurred in a hospital or institution, give Its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Underwood

(Residence in Baltimore: No. 1021 Jenkins alley St.; yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 12, 1917
(Month) (Day) (Year)

7-AGE, 25 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Phillip Underwood

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ethel Small

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edith Smith

(Address) 1021 Jenkins alley

15-

Filed AUG 7 - 1917, 191

HARRY D. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1917 to July 31 1917, that I saw h[illegible] alive on July 31, 1917, and that death occurred, on the date stated above at 2:30 p. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. H. Quinlan M. D.

8/6, 1917. (Address) 1230 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Aug 7, 1917

20-UNDERTAKER James H Dennis — ADDRESS 1303 Preston St

N. B.—Every item of information should be carefully given. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7238

CERTIFICATE OF DEATH.

32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 Moore ST.; 11 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Hackett

(Residence in Baltimore: No. 413 Moore. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July 22 (Month) (Day), 1867 (Year)

7-AGE, 50 yrs. 1 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress.
(b) General nature of industry, business, or establishment in which employed (or employer): 041

9-BIRTHPLACE, (State or Country), Balto County

PARENTS.

10-NAME OF FATHER, Peter Halliday

11-BIRTHPLACE OF FATHER (State or Country), Balto County

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Balto County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence Coleman

(Address) 826 David Ellicott

15- Filed AUG 7 - 1917, 191..

HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 4th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1917, to Aug 4 1917, that I saw her alive on Aug 3 1917, and that death occurred, on the date stated above, at 6 55 P. m.

The CAUSE OF DEATH* was as follows:

1. Lymph Abscess of middle
2. Dyspnea
3. (Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Dangerous Cough
Septic Condition (Duration) yrs. mos. 4 ds.

(Signed) Samuel A Bain M. D.

Aug 9, 191.7 (Address) 937 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem — DATE OF BURIAL, Aug 7, 191.7

20-UNDERTAKER Wm Robert A Elliott — ADDRESS 506 East Pl

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7439

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 D 7439

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3701 Pasteur Ave ST. 13 WARD)

2-FULL NAME Susan Bixler (Mrs)

(Residence in Baltimore: No. 3701 Pasteur Ave St.; yrs. mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: January (Month) 17 (Day), 1841 (Year)

7-AGE: 76 yrs. 6 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Asha Wheeler

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Sarah Shaubuger

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Ada DeHoff
(Address) 3701 Pasteur Ave

15-Filed AUG 7 - 1917, 191 BALTO. Special Permit Clerk
W.B.S. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 4 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov 20, 1916, to Aug 3 1917, that I saw her alive on Aug 3, 1917, and that death occurred, on the date stated above, at 10 a. m.
The CAUSE OF DEATH* was as follows:

Chronic Broncheitis

(Duration) 3 yrs. mos. ds
Contributory (SECONDARY) Chronic Pneumonia
(Duration) yrs. 3 mos. ds.

(Signed) Wm Anderson M. D.
Aug 4, 1917 (Address) 330 E Baltimore St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mt Carroll — DATE OF BURIAL: Aug 7, 1917

20-UNDERTAKER: Edw Rowe — ADDRESS: 5[illegible]36 Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 7440

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7440

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 Ramsay ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice E Buckingham

(Residence in Baltimore: No. 1335 Ramsay St.; ..... yrs., 2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 6 (Day) 1917 (Year)

7-AGE, ... yrs. 2 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 00

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Chas W. Buckingham

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Ellen Moore

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas W Buckingham

(Address) 1335 Ramsay

15-

AUG 7 - 1917

Filed....., 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1 1917, to August 6 1917, that I saw h.. alive on August 6 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Heart

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S Rutland M. D.

August 6, 191... (Address) 1427 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Pleasant	Aug 7th, 1917.

20-UNDERTAKER Wm Fields ADDRESS 1200 W Fayette

N. B.—Everyone of the above items must be filled in, and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7441

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7441

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 N Eden ST.; 10 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Pundt

(Residence in Baltimore: No. 929 N Eden St.; 11 yrs., 10 mos. 10 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, September (Month) 26 (Day) 1905 (Year)

7-AGE, 11 yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John L. Pundt

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Eva Schaub

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John L. Pundt

(Address) 929 N. Eden St.

15- AUG 7 - 1917 HARRY C. ANDREWS, Registrar of Vital Statistics

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 6th (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 30th, 1917, to Aug 6th, 1917, that I saw h[illegible] alive on Aug 5th 1917, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

1 (a) Typhoid fever

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Cystitis

(Duration) ....yrs. ....mos. 4 ds.

(Signed) Sol Strauss M. D.

Aug 6th, 1917. (Address) 1501 Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Aug 8, 1917
20-UNDERTAKER Henry Storch Son	ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7412

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7412

CERTIFICATE OF DEATH.

39

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 E. Federal ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Huber

(Residence in Baltimore: No. 1618 E Federal St.; 48 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, July (Month) 30 (Day) 1869 (Year)

7-AGE, 70 yrs. mos. 5 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Geo. L. Huber

(Address) 1618 E. Federal St.

15- AUG 7 - 1917 Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1915, to Aug 5 1917, that I saw him alive on Aug 5 1917, and that death occurred, on the date stated above, at 9:25 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Primary Mesentery

Hepatic

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. mos. ds.

(Signed) A. L. Madden M. D.

Aug 6, 191.7 (Address) 1500 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery DATE OF BURIAL, Aug. 8, 1917.

20-UNDERTAKER Henry Hoeck Son ADDRESS 130 E Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 748 D 748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1012 Peach Alley. ST.: 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernice Spence.(C)

(Residence in Baltimore: No. 1012 Peach Alley. St.: yrs. 1-0 mos. 8. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is also important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	Colored	Single.

6-DATE OF BIRTH, July 28th. 1916. (Month) (Day) , 1 (Year)

7-AGE, 1 yrs. 0 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frank Spence.(C)

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Louise Anderson.(C)

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Spence.(C) mother.

(Address) 1012 Peach Alley.

15- AUG 7 - 1917 BARRY C. ANDREWS Special Deputy Clerk

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 5th. 1917. (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Entero colitis.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.

Aug, 7, 1917. (C) 1017 S. Charles

191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Ct	Aug 7 — 1917
20-UNDERTAKER, C. E. Brandt and Son	ADDRESS 108 W. Saratoga St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7411 — D 7411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2662 Presbury St. St.; 15 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman H Himmibal.

(Residence in Baltimore: No. 2662 Presbury St. St.; 50 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, W

5-SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Write the word.) S

6-DATE OF BIRTH, Apr (Month) 5 (Day) 1858 (Year)

7-AGE, 59 yrs. 4 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer): 017

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jos Hamibal

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Lizetta Lutz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Greatmyer

(Address) 2662 Presbury St

15- AUG 7 - 1917 HARRY C. ANDREWS

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 5 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1917, to Aug 5 1917, that I saw him alive on Aug 5 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O S Kelso M. D.

Aug 6, 1917, (Address) 2505 Pa Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Aug 8, 1917

20-UNDERTAKER Wm Cook — ADDRESS 552 E North

Spec.—8-24-14—M. & T.—2000 Bks.

D 7445 D 7445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. Halmemann General Hospital REGISTERED No. C 109

CITY OF BALTIMORE: (No. 1122 N. Mount ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Groscup

(Residence in Baltimore: No. 2315 N. Calvert St. (If non-resident give STATE or COUNTRY.) (.....yrs. .....mos. .....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, November (Month) 7 (Day), 1868 (Year)

7-AGE, 48 yrs. 8 mos. 30 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Trading Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 066

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER. Fredrick G. Groscup

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Mary F. Nelson

13-BIRTHPLACE OF MOTHER (State or Country). Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamm'd Groscup

(Address) 2317 N. Calvert St.

15-

Filed....., 191.....

AUG 7 - 1917 HARRY C. ANDREWS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 6 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug - 3 - 1917, to Aug - 6 1917, that I saw him alive on Aug - 6 - 1917, and that death occurred, on the date stated above, at 11½ a m.

The CAUSE OF DEATH* was as follows:

1. Peritonitis

2.

3.

(Duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) .....yrs. .....mos. 4 ds.

(Signed) W. Boorman Head M. D.

191... (Address) 616 N. Gilmor St. per 2315 Calvert St. R.F.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 1 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? 2315 N. Calvert St

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Lauden Park — DATE OF BURIAL, Aug 8, 1917

20-UNDERTAKER Wm Cook — ADDRESS 502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Pads.

D 7346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 7346

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 Robert St. 14 ST.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harland A. Mayden

(Residence in Baltimore: No. 530 Robt St.; ....yrs. ....mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 2nd, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John E Mayden

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ruth Wyatt

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ruth Mayden

(Address) 530 Robert St

15-

AUG 7-1917 Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8/6, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8/2 191.7, to 8/6 191.7, that I saw h[illegible] alive on 8/6 191.7, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Traumatic

(a) Premature Birth

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. L. Abbott M. D.

8/6, 191.7 (Address) 1323 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Aug 7, 1917

20-UNDERTAKER Jno H Holland ADDRESS 1631 D St

Spec.—8-24-14—M. & T.—2000 Blks.

D 7417

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 7417

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 Riggs ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Hodgens

(Residence in Baltimore: No. 1206 Riggs St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov 9, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 8 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Clarence Hodgens

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mildred Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mildred Hodgens

(Address) 1206 Riggs ave.

15-

AUG 7 - 1917

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 6 (Day), 191.. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7/24 191.., to 8/6 191.., that I saw h.. alive on 8/6 191.., and that death occurred, on the date stated above, at 10 57 m.

The CAUSE OF DEATH* was as follows:

Ac. Gastro-enteritis

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jno. Chatten M. D.

8/6, 191.. (Address) 2134 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem DATE OF BURIAL, 8/7, 191.7.

20-UNDERTAKER J. H. Holland ADDRESS 1631 D Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

20

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 S. Patterson Park ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Gutchard

(Residence in Baltimore: No. 513 S. Patterson Pk ave St.; ....yrs., ...mos. ....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July 14, 1836
(Month) (Day) (Year)

7-AGE, 57 yrs. ....mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None 057
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Geo Heckman

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Kat Kuhns

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos C Gutchard

(Address) 513 S Patterson Pk ave

15-

Filed AUG 7 - 1917, 191.. HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 5th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3 1917, to Aug 5th 1917, that I saw her alive on Aug 4th 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Infection of lower lip & chin
a few days standing, Brown
b Spreading Ery
Septicaemia from Carbuncle (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion due to above
along with Heat (Duration) ....yrs. ....mos. 2 ds.

(Signed) L N Bilicy M. D.

Aug 6th, 191.. (Address) 102 S Patterson Park ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery DATE OF BURIAL, Aug 7, 191..

20-UNDERTAKER Clark & Johnson ADDRESS 1402 Bway

D 7449

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1917 D 7449.

B

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1303 E Biddle St. 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Watson

(Residence in Baltimore: No. 1303 E Biddle St.: 79 yrs. 4 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: April (Month) 4 (Day), 1838 (Year)

7-AGE: 79 yrs. 4 mos. 1 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: William Watson

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Willie Isaac

13-BIRTHPLACE OF MOTHER (State or country): Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Hill

(Address) 1303 E Biddle St

15. AUG 7 - 1917 Filed ..... 191 ..... HARRY C. ANDREWS Special Law & Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 5 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1917, to Aug 5 1917, that I saw h-e alive on Aug 3, 1917, and that death occurred, on the date stated above, at 130 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation
Chronic Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Arteriosclerosis & Chr. Interst. Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Hyde M. D.

Aug 6, 1917 (Address) 1108 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Aug 7th 1917
20-UNDERTAKER	**ADDRESS**
George Schilling & Sons	1126 E Monument St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 175 S. Fulton ave ST.; 19th WARD)

REGISTERED No. C 122 7450

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Mary O'Meara

(Residence in Baltimore: No. 175 S. Fulton Avenue St.; 50 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February 14, 1847 (Month) (Day) (Year)

7-AGE, 70 yrs. 5 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Monkstown, County Cork, Ireland

PARENTS.

10-NAME OF FATHER, Patrick Harley

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Cunningham

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hick & O'Meara

(Address) 175 S. Fulton Avenue

15- Filed AUG 7 - 1917, 191 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 5, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1917, to Aug 5 1917, that I saw h[er] alive on Aug 4 1917, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. 1 mos. 3 ds.

(Signed) Hick & Beck M. D.

Aug 6, 191 7. (Address) 50 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Aug 8, 191 7

20-UNDERTAKER John J. Coward & Son ADDRESS 101 Hollins St

D7451

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. D7451

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 E. Cross ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry J. Revell

(Residence in Baltimore: No. 28 E. Ann St.; Coffs yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PROFESSION must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct (Month) 13th (Day) 1898 (Year)

7-AGE: 18 yrs. 9 mos. 25 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer): 063

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Geo. E. Revell

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Louisa Bothe

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo E. Revell

(Address) 28 E. Cross St.

15 Filed AUG 7 - 1917 191 HARRY C. ARMS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 7 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1917, to, August 7 1917, that I saw h~~im~~ alive on ~~Augt~~ 7 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 14 ds.

Contributory (SECONDARY) Intestinal Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) O. H. Ebert M. D.

Aug 7, 1917 [Address] 1412 Light St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: Aug. 8 1917

20-UNDERTAKER: E. Schlosman & Son ADDRESS 1039 Harwood St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7452

CERTIFICATE OF DEATH.

104 D 7452

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 E. 25 th. St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hillegin Konradt Jr.

(Residence in Baltimore: No. 1621 E. 25 th. St.; ..... yrs. ..... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 17, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 20 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer)..... 200

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Wm. Conrad.

11-BIRTHPLACE OF FATHER (State or Country), Austria.

12-MAIDEN NAME OF MOTHER Mary Lantz.

13-BIRTHPLACE OF MOTHER (State or Country), Austria.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary Conrath.

(Address) 1621 E. 25 th. St.

15-

Filed ....., 191.....

..... Registrar.

AUG 7 - 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 6, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 4 1917, to Aug 6 1917, that I saw h[illegible] alive on Aug 6 1917, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

..... Cholera Infantum.

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... A. P. Russell Smith, M. D.

Aug 7, 191.7 (Address) 2311 Harford Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Aug. 8, 1917

20-UNDERTAKER, H. R. Cook. — ADDRESS, 512 Charles

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7453

CERTIFICATE OF DEATH.

gr D 7453

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201-Aram Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Birsner

(Residence in Baltimore: No. 2201 Aram Ave St.; 52 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 28th, 1861 (Month) (Day) (Year)

7-AGE, 56 yrs. 2 mos. 9 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Butcher
(b) General nature of industry, business, or establishment in which employed (or employer)..... 013

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Birsner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Caroline Birsner

(Address) 2201 Aram Ave

15- AUG 7 - 1917 Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 6th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27 1917, to August 5 1917, that I saw h.m alive on August 5th 1917, and that death occurred, on the date stated above, at 5.20 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Abscess
Gemmated in Empyema and 3 weeks
Exhaustion..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia 3 weeks

..... (Duration) ..... yrs. ..... ds.

(Signed) Charles E. Link M. D.

August 7th, 1917 (Address) 1717 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Dunmore Brae

DATE OF BURIAL, Aug 8, 1917.

20-UNDERTAKER W. M. Coulton

ADDRESS 1634 Mt Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 7454 HEALTH DEPARTMENT--CITY OF BALTIMORE 104 D 7454

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 305 N Pulaski St.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kenneth A Zuhner

(Residence in Baltimore: No. 305 N Pulaski St.: - yrs. 9 mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	white	Single

6-DATE OF BIRTH Oct 19, 1916 (Month) (Day) (Year)

7-AGE ..... yrs. 9 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer) — 000

9-BIRTHPLACE (State or country) Balto Md

PARENTS

10-NAME OF FATHER Geo H. Zuhner

11-BIRTHPLACE OF FATHER (State or country) Balto Md

12-MAIDEN NAME OF MOTHER Elsie Bond

13-BIRTHPLACE OF MOTHER (State or country) Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo H. Zuhner

(Address) 305 N. Pulaski

15- AUG 7 - 1917 HARRY C. ANDREWS

Filed ..... 191 ..... Registrar

3

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug 7, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 6 d, 191 , to. Oct 7 1917.
that I saw him alive on Oct 6th , 191 7
and that death occurred, on the date stated above, at 1 a m.
The CAUSE OF DEATH* was as follows:

Enteric Colitis

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Benj Dan'l Cleary M. D.

Aug 7, 1917 (Address) 400 N Payson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto. Cemetery	Aug 9, 1917
20-UNDERTAKER	ADDRESS
Geo. D. Schwab & Bro	2101 Fredk Ave

D 7455

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 ✓ D 7455

REGISTERED No. C .....

1 PLACE OF DEATH

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 CITY OF BALTIMORE (No. 1124 Riverside Q ST. 24 WARD)

2 FULL NAME Charles Walters

(Residence in Baltimore: No. 1124 Riverside Ave. St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: August 4th (Month) (Day), 1859 (Year)

7 AGE: 58 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): 009

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Conrad Walter

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louisa Wallett

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Kaiser

(Address) 803 S Fulton ave

15 Filed AUG 7 - 1917 HARRY C. ARMSTRONG Registrar of Vital Statistics
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. (Month) 4 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 31st, 1917, to. August 4 1917, that I saw him alive on August 3, 1917, and that death occurred, on the date stated above, at 2.40 m.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) Rheumatism

(Duration) 8 yrs. mos. ds.

(Signed) John H Ould M. D.

Aug 4th, 1917 (Address) 1843 W Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: AUG 7 - 1917

20 UNDERTAKER: Geo. A. Gerber

ADDRESS: Balto & Payson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

D 7456

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7456

CERTIFICATE OF DEATH.

6

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N. Dallas ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman A. Ward

(Residence in Baltimore: No. 423 N. Dallas St.

St.; 4 yrs., 4 mos. (5 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	A.A Colored	Single

6-DATE OF BIRTH, ... April 5 ..., 1913
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
4 yrs. 4 mos. 0 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Ward

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... John Ward .....

(Address) ..... 423 N. Dallas St. .....

15-

Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug ....., 5 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24 1917, to Aug 5 1917, that I saw him alive on Aug 5 1917, and that death occurred, on the date stated above, at 12.50 m.

The CAUSE OF DEATH* was as follows:

..... Lobar Pneumonia .....

.....

.....

..... (Duration) ..... yrs. ..... mos. 5 ..... ds.

CONTRIBUTORY (Secondary) Measles

..... (Duration) ..... yrs. ..... mos. 7 ..... ds.

(Signed) Richard L. Taylor M. D.

May 5 ....., 1917. (Address) 1514 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL,

Greenmount Cem Md | Aug 8, 1917.

20-UNDERTAKER | ADDRESS

C. Gross | 1405 McElderry St

CAUSE OF DEATH to be filled in plain terms, so that any one may understand it. Name of disease alone not sufficient. If from accident, violence, or casualty, state the nature and the means, and whether accidental, suicidal, or homicidal. Be particular and answer every question in every case as far as practicable. Physicians are requested to make return of births and deaths at least once a week. Use black ink only. Please write plainly. Questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 16, 17, 18, 19, 20 are important. See instructions on back of certificate.

D 7457.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 D 7457.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 923 Saratoga ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Bernard Brown

(Residence in Baltimore: No. 923 Saratoga St., yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May (Month) 4 (Day), 1914 (Year)

7-AGE, 3 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer). 606

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Herman Brown

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Helen Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Brown

(Address) 923 Saratoga

15- AUG 7 - 1917 HARRY C. ANDREWS Filed....., 191.. Burial Permit Clerk... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Congenital Cardiac Malformation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A D Bruscer M. D. (Coroner.)

Aug 7, 191 7 (Address) 512 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, W M Osborne — DATE OF BURIAL, Aug 7 19 17

20-UNDERTAKER John Corcoran Sons — ADDRESS 701 Dolphin St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 5-19-15 M. & T. 500 Blks.

D 7153

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7458

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 N. Streeper ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Anna Beck

(Residence in Baltimore: No. 534 N. Streeper St.; ....yrs., 6 mos. 23 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 15, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None 000
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Beck

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Elsie K Schnell

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Beck

(Address) 534 N. Streeper St

15- AUG 7 - 1917 HARRY C. ANDREWS

Filed ....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 5 1917, to Aug. 7 1917, that I saw her alive on Aug. 6 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Toxic-Exhaustion

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm H Schnell M. D.

Aug. 7, 191.7 (Address) 701 N. Kenwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Aug. 8, 1917
20-UNDERTAKER	**ADDRESS**
Christian Miller	253 Fulton Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7459

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 D 7459

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hosp St.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecile Marshall

(Residence in Baltimore: No. 1341 N Stricker St. St.; ..... yrs., 11 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	black	child

6-DATE OF BIRTH, August 29 (Month) (Day), 1916 (Year)

7-AGE, ... yrs. 11 mos. 8 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... none .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Marshall

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Agnes Tyson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Sibley

(Address) Johns Hopkins Hosp.

15- AUG 7 - 1917

Filed ....., 191.....

HARRY C. ARMIGER
Registrar.

CAUSE OF DEATH: In plain terms, so that any physician may understand it clearly. Indicate mode of dying, as well as disease or other cause. Name of disease alone is insufficient. If from accident, violence, or casualty, state the nature of accident or injury, and whether it was the result of accident, suicide, or homicide. Also state the contributory (secondary) cause, if any, which aggravated the principal cause. Be particular and specific in all cases, and especially in those arising during parturition, abortion, or childbirth. Always state whether a woman was pregnant or recently delivered, and if so, how long before death. The above information is required for the correct classification of causes of death. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 6th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29th 1917, to Aug. 6 1917, that I saw her alive on Aug. 6 1917, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Meningitis, influenza acute;

..... (Duration) ..... yrs. ..... mos. 23 ds.

CONTRIBUTORY (Secondary) Pneumonia, influenza

..... (Duration) ..... yrs. ..... mos. 9 ds.

(Signed) Jno. Ryan M. D.

Aug. 6..., 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 9 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1341 N. Stricker St

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, Aug. 8..., 1917

20-UNDERTAKER Edward Ringgold

ADDRESS 1463 N Bway

Spec.—8-24-14—M. & T.—2000 Bks.

D 7460 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7460

CERTIFICATE OF DEATH.

P. 15-120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1447 N. Parrish ST.; 15 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hester Ann Wright

(Residence in Baltimore: No. 1447 N. Parrish St.; 84 yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Unknown, 1833
(Month) (Day) (Year)

7-AGE, 84 yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julius Lee

(Address) 1447 N. Parrish St.

15-

Filed AUG 7 1917, 191.....

HARRY C. ANDREWS
Registrar. Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1917, to Aug. 4 1917, that I saw her alive on Aug. 4 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John D. Davisson M. D.

Aug. 6, 1917 (Address) 1502 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Aug 8, 1917

20-UNDERTAKER	ADDRESS
Edward Ringgold	1463 N. Carey

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7461

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7461

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 East Chase St ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Rebecca Porter

(Residence in Baltimore: No. 16 East Chase Street St.; Over 70 years yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED~~ OR DIVORCED, (~~Write the word.~~) Widowed

6-DATE OF BIRTH, ~~December~~ ....., ..., 1 .....
(Month) (Day) (Year)

7-AGE, Over 70 years yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Stephen Jay Thompson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Rebecca Ridgely

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard R Thompson

(Address) 16 East Chase Street

15-

Filed AUG 7 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk.
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 6th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3d 1917, to Aug 6th 1917, that I saw h~~er~~ alive on Aug 6th 1917, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Dr Fleming Brain

Aff 4 yrs. mos. ds.
(Duration)

CONTRIBUTORY (Secondary) Senile Nephritis

(Duration) yrs. mos. 4 ds.

(Signed) A Fleming M. D.

Aug 7th, 1917 (Address) 607 N Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount	Aug. 8th, 1917.
20-UNDERTAKER	ADDRESS
Hewlett Jenkins & Son Co	116 Cullen & Orchard Sts

D 7462

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7462

CERTIFICATE OF DEATH.

169

Registered No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. [illegible] St.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME [illegible]

(Residence in Baltimore: No. [illegible] St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) [illegible]

6-DATE OF BIRTH, [illegible], 1 (Month) (Day) (Year)

7-AGE, About 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work [illegible]
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), [illegible]

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (State or Country), [illegible]

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), [illegible]

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Palace Slater

(Address) Bank & near Broadway

15-

AUG 7 - 1917

Filed....., 191.... HARRY O. ANDREWS

Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 5, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said [illegible] (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

Aug, 191... (Address) 16 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY.

DATE OF BURIAL, ..., 19....

20-UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

463 617

Morgue

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7463

CERTIFICATE OF DEATH.

169 D 7463

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Gond Pratt & Light ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Johnson

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	Col.	Unknown

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, About 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Day Hand & Hunk 074
(b) General nature of industry, business, or establishment in which employed (or employer)..... On Steam Canalboat

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Police Dept

(Address).....

15-

Filed....., 191..... HARRY C. ANDREWS Registrar.

AUG 7 - 1917

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., Aug 1st, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. J. Ruby M. D. (Coroner.)

Aug 4..., 191.. (Address) 1632 Bay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7464

CERTIFICATE OF DEATH.

28 ✓ D 7464

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Wirt ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis M. Farley

(Residence in Baltimore: No. 1313 Wirt St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 25, 1883
(Month) (Day) (Year)

7-AGE 34 yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Michael F. Farley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sarah Moore

13-BIRTHPLACE OF MOTHER (State or Country), Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Farley

(Address) 1313 Wirt St

15- HARRY C. ANDREWS

Filed AUG 7 1917, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 25 191 , to Aug 4 191 7.
that I saw him alive on Aug 4 191 7.
and that death occurred, on the date stated above, at 11:30 a.m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John T. Cleary M. D.

Aug 7, 191... (Address) 1603 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Aug 8, 191 7.

20-UNDERTAKER W. C. Wedefeld & Bro — ADDRESS 2...

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 ✓ D 7465

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Pearl ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Aigo

(Residence in Baltimore: No. 406 Pearl St.; ...yrs. 8 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH Nov 24, 1916. (Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Vincent Aigo

11-BIRTHPLACE OF FATHER (State or Country), Washington

12-MAIDEN NAME OF MOTHER Rosa Schinaga

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. Aigo

(Address)..... 276 S. Howard St.

15- Filed AUG 7 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 7 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 7 1917, to Aug 7 1917, that I saw h[illegible] alive on Aug 7th 1917, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

.....

.....

Bottle fed Baby

..... (Duration) ...yrs. 8 mos. 14 ds.

CONTRIBUTORY (Secondary) Cholera Infantum

..... (Duration) ...yrs. ...mos. 3 ds.

(Signed) Frank W. Hagaman M. D.

Aug. 7, 1917. (Address) 3242 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cem — DATE OF BURIAL, Aug. 8, 1917.

20-UNDERTAKER Jno J. Fahey & Son — ADDRESS 1318 Light St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7466

CERTIFICATE OF DEATH.

37 ✓ D 7466

1-PLACE OF DEATH St. Elizabeth's Home

CITY OF BALTIMORE: (No. 1 Matthews Addition St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

(Residence in Baltimore: No. St. Elizabeth's Home St.; yrs., 9 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. 1, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 7 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Purnell Scott

11-BIRTHPLACE OF FATHER (State or Country), Howard Scott

12-MAIDEN NAME OF MOTHER Fan Addison

13-BIRTHPLACE OF MOTHER (State or Country), Phila. Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother Mildred

(Address) St Elizabeths Home

15- AUG 7 - 1917 HARRY C. ANDREWS Burial Permit Clerk

Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 6, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June, 1917, to Aug. 6 1917, that I saw h alive on Aug. 6 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry A Tolbert M. D.

Aug 7, 1917. (Address) 2031 W Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 10 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence St Elizabeths Home

19-PLACE OF BURIAL OR REMOVAL, New Cathedral City DATE OF BURIAL, Aug 8, 1917

20-UNDERTAKER Geo A Holland ADDRESS 1631 D H ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7467.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 7467

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 N Washington ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Carrie Foster

(Residence in Baltimore: No. 1334 N Washington St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Sept 18, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. 10 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 087

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sarah Foster

(Address) 1334 N Washington

15- Filed AUG 7 1917 191. HARRY C. ANDREWS Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 6, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 191 7, to Aug 6 191 7, that I saw h[illegible] alive on Aug 6 191 7, and that death occurred, on the date stated above, at 12.25 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. 2 mos. ds.

(Signed) Edward Elliott M. D.

8/7, 191.. (Address) 413 N Washington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dale Cemetery — DATE OF BURIAL, Aug 8, 1917.

20-UNDERTAKER Hart & Simon — ADDRESS 1472 N Broadway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 7468

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 S. Chester ST.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Brunner.

(Residence in Baltimore: No. 106 S. Chester St. St.; 55 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. (Month) 3 (Day), 1861. (Year)

7-AGE, 56 yrs. — mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber. 004
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Joseph Brunner.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Barbara Dunkler

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catharine Brunner

(Address) 106 S. Chester St.

15- Filed AUG 7 1917 191.... HARRY C. ARMIGER Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 5th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1917, to Aug. 5, 1917, that I saw him alive on Aug. 5, 1917, and that death occurred, on the date stated above, at 10.30 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis (Chronic)

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Eugene L. Pessano M. D.

Aug. 6, 1917. (Address) 2314 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Aug. 8th, 1917

20-UNDERTAKER Lilly & Feiler. ADDRESS 403 S. McGuet

D 7469

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

100 x ✓

D 7469

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2242 W Fayette St. ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lignori A Watts

(Residence in Baltimore: No. 2242 W. Fayette St. St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Dec 16 (Month) (Day) 1906 (Year)

7-AGE: 10 yrs. 9 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Jos C Watts.

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Margaret Schindelm

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jos C Watts

(Address) 2242 W Fayette

15-

Filed AUG 7 - 1917, 191.....

HARRY C. ARTHUR
BURIAL PERMIT CLERK
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 4 (Day) ✓, 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28, 191 7, to, Aug 4 191 7, that I saw h.... alive on Aug 4 191 7, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ..... yrs ..... mos. 3 ds.

Contributory (SECONDARY) Stom Sor Throat

(Duration) ..... yrs ..... mos. 8 ds.

(Signed), Wales Horn M. D.

8/9/17, 191..... [Address] 230 Edmondson Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Loer's Woodlawn DATE OF BURIAL: Aug 8, 191 7

20-UNDERTAKER: Geo A Farley ADDRESS: Sulton & Fayette

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 7170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N. Stricker ST.; 19 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel R. Weedon

(Residence in Baltimore: No. 416 N. Stricker St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, July 8, 1850
(Month) (Day) (Year)

7-AGE, 66 yrs. 10 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter (House)
(b) General nature of industry, business, or estsblishment in which employed (or employer): 015

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Weedon

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Nichols

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Weedon

(Address) 618 Cumberland

15- AUG 7 - 1917
Filed....., 191.... HARRY C. ANDREWS
Registrar.

Burial Permit Issued

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1917, to Aug 5 1917, that I saw h[illegible] alive on Aug 4 1917, and that death occurred, on the date stated above, at 3 40 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Nuchae

2 Operations (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M Hamman Stovel M. D.

Aug 6, 191 7 (Address) 626 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug 8, 1917.

20-UNDERTAKER M Flanigan Sons — ADDRESS 606 Lafayette Ave

D 7471

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7471

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 607 George St. Ward 17)

Registered No. C

2 FULL NAME John E. LeCato

(Residence in Baltimore: No. 607 George St.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Feb 14, 1883 (Month) (Day) (Year)

7 AGE: 34 yrs. 5 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION: (a) Trade, profession, or particular kind of work: Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer): in private family

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: John Lecato

11 BIRTHPLACE OF FATHER (State or country): Va.

12 MAIDEN NAME OF MOTHER: Eliza Brown

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lottie Lecato

(Address) 607 George St

15 Filed AUG 7 - 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. (Month) 5 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 26, 191 7, to Aug 5 191 7.

that I saw him alive on Aug 5 191 7.

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) 0 yrs. 0 mos. 5 ds

Contributory (SECONDARY) Hypostatic Congestion

(Duration) 0 yrs. 0 mos. 5 ds.

(Signed) R B Brannon M. D.

Aug 7, 191 7 (Address) 422 Greene

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: August 8, 1917

20 UNDERTAKER: Charles B. Jones

ADDRESS: 235 N Pine

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7472

CERTIFICATE OF DEATH.

120 ✓ D 7472

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1217 High St. 5 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Gitting

(Residence in Baltimore: No. 1217 High St (St. 20 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	Single

6-DATE OF BIRTH, July (Month) 4 (Day), 1888 (Year)

7-AGE, 29 yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress.
(b) General nature of industry, business, or establishment in which employed (or employer): 041

9-BIRTHPLACE, (State or Country), Washington D. C.

PARENTS.

10-NAME OF FATHER, John Hamilton

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER, Henrietta Armstrong

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hamilton

(Address) 1217 High St

15- AUG 7 1917 HAL C. ANDREWS Burial Permit Clerk

Filed ....., 191.... Registrar.

CAUSE OF DEATH to be filled in very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1917, to Aug 6 1917, that I saw h[er] alive on Aug 6 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(Duration) yrs. 2 mos. ds.

(Signed) F. C. Smith M. D.

Aug 7 1917 (Address) 1313 N North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Laurel Cemtery	August 9 1917.
20-UNDERTAKER	ADDRESS
Charles Jones	235 N Pine

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7473

CERTIFICATE OF DEATH.

D 7473

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A Peck

(Residence in Baltimore: No. 15 N. Streeper St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	S

6-DATE OF BIRTH, June 25, 1904 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
13 yrs. 1 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)..... Public School

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William F. Peck

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Federica Ameis

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. F. Peck

(Address) 15 N. Streeper St.

15- Filed AUG 8 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1917, to Aug 7 1917, that I saw him alive on Aug 7 1917, and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Osteo-myelitis of femur

about (Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Septicaemia

Aout (Duration) ....yrs. ....mos. 15 ds.

(Signed) Edward J. Smith M. D.

Aug 7, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 11 ds. In the State ....yrs. 13 mos. ....ds.

Where was disease contracted, if not at place of death? 15 N. Streeper St.

Former or usual residence 15 N. Streeper St.

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel — DATE OF BURIAL, Aug. 10, 1917

20-UNDERTAKER Louis Heeman — ADDRESS 33 S. Broadway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7474

HEALTH DEPARTMENT—CITY OF BALTIMORE

165 D 7474

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Harwood St.; 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry C Conner

(Residence in Baltimore: No. 1611 Harwood St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept 27, 1873
(Month) (Day) (Year)

7-AGE, 43 yrs. 10 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... 009

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Conner

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mondi Conner

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mondie Conner

(Address) 1611 Harwood

15- Filed AUG 8 - 1917, 191.. HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 4 1917, to Aug 5 1917, that I saw h— alive on Aug 5 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Acute Dysentery

Diarrhoea + Enteritis

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 2 ds.

(Signed) W. F. Campbell M. D.

Aug 7, 191.. (Address) 1644 Harwood St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem

DATE OF BURIAL, Aug 8, 1917

20-UNDERTAKER Mrs. L. Cranston

ADDRESS 1428 Chels St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7475

CERTIFICATE OF DEATH.

28 D 7475

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 Dst Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Calvin Railey

(Residence in Baltimore: No. 2006 Druid Hill ave St.; 8 yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	S

6-DATE OF BIRTH, ... June (Month) 7 (Day), 1909 (Year)

7-AGE, 8 yrs. 7 mos. ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Daniel Railey

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hattie Handy

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Railey

(Address) 2006 D H. ave.

15- Filed AUG 8 - 1917, 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to Aug 8 1917, that I saw him alive on Aug 7 1917, and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows:

Primary Hr
Pulmonary Tuberculosis
(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis.
(Duration) yrs. 1 mos. ds.

(Signed) Geo Bowles M. D.

8/9/17 191.. (Address) 136 W Hill St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, August 9 1917.

20-UNDERTAKER Fell & Pye — ADDRESS 102 E. Hamburg St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D. 7176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 D. 7176

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 808 McDonough ST.; 7 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy Smith

(Residence in Baltimore: No. 808 McDonough St.; 47 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, C. C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Un Known (Month) ..... (Day), 1 (Year)

7-AGE, 47 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Harris

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... James Dare

(Address)..... 808 McDonough St

15- AUG 8 - 1917 Filed....., 191.... HARRY C. ENGLAND Burial Permit Clerk W.P.S. Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Do not use abbreviations or terms which are not understood in every household. Be sure to answer every question in which you can obtain information. Omissions will cause unnecessary correspondence and delay in issuing certificate. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 7 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1917, to Aug. 7, 1917, that I saw h[illegible] alive on Aug. 5, 1917, and that death occurred, on the date stated above, at 10:50 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration)..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) yrs. 3 mos. ds.

(Signed) Robert Burns M. D.

Aug. 7, 1917 (Address) 1520 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Aspery cemetery DATE OF BURIAL, Aug 10, 1917

20-UNDERTAKER A C Groff ADDRESS 1406 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7477

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7477

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 N. Fulton Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hamilton Brunner

(Residence in Baltimore: No. 1516 N. Fulton Ave St.; 75 yrs., mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, July (Month) 12 (Day), 1842 (Year)

7-AGE, 75 yrs. mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Produce
(b) General nature of industry, business, or establishment in which employed (or employer): Dealer 045

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John L. Brunner

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hamilton J. Foure

(Address) 1516 N. Fulton Ave.

15- AUG 8 - 1917 HARRY C. ARENT

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 4 1917, to Aug 6 1917, that I saw him alive on Aug. 6, 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Uremic Intestitial Nephritis (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (Duration) 0 yrs. mos. ds.

(Signed) John D. Quinn M. D.

Aug 7, 1917. (Address) 1502 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Aug 8 1917.
20-UNDERTAKER Wm Pickney & Son	ADDRESS North & Pa.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 79 D 7473

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 E. Fayette ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philipp J. Beckmann

(Residence in Baltimore: No. 2600 E. Fayette St.; 62 yrs., 1 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, June 24th, 1855
(Month) (Day) (Year)

7-AGE, 62 yrs. 1 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barrister
(b) General nature of industry, business, or establishment in which employed (or employer): 051

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Nicholas Beckmann

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER Quilemann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Beckmann

(Address) 2600 E. Fayette St.

15- AUG 8 1917 Filed....., HARRY C. ANDREWS Burial Permit Clerk..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 6th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21st 1917, to Aug 6th 1917, that I saw him alive on Aug 6 1917, and that death occurred, on the date stated above, at 2.55 p. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 9 yrs. 1 mos. 12 ds.

(Signed) Elijah J. Russell M. D.

Aug 7th, 1917 (Address) 1126 N. Milton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem.	Aug. 8th, 1917.
20-UNDERTAKER Lilly & Zeiler	ADDRESS 403 E. Madison St.

Important. See instructions on back of certificate.

Filed ..... 191 ..... Registrar.

20-UNDERTAKER Lilly & Zeller ADDRESS 403 E Monument

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7479

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 Pennsylvania Ave St.; 17 WARD)

REGISTERED No. C 94 D 7479

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Dingfelder.

(Residence in Baltimore: No. 1925 Pennsylvania ave St.; 60 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. June 5 (Month) (Day) 1829 (Year)

7-AGE. 88 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Kelling

(Address) 1925 Penna ave

15- AUG 8 - 1917 HARRY C. ANDREWS

Filed ..... 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 7 (Month) (Day) 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 29 1917, to Aug 6 1917, that I saw h[er] alive on Aug 6 1917, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Old age.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dyspepsia

(Duration) yrs. mos. ds.

(Signed) J. Hammond A. Dau M. D.

Aug 7th 1917. (Address) 937 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Aug 10, 1917.

20-UNDERTAKER Wm Cook.

ADDRESS 402 E Hoffman

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7480 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7480

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Sommerset St.; 10 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Eberwein

(Residence in Baltimore: No. 1111 Sommerset St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 19, 1917
(Month) (Day) (Year)

7-AGE, — yrs. 3 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm F. Eberwein

11-BIRTHPLACE OF FATHER (State or Country), Balto. md

12-MAIDEN NAME OF MOTHER Mary Byrns

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Byrns

(Address) 1111 Sommerset St.

15-

AUG 8-1917

Filed....., 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 7, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 24 1917, to Aug 7 1917, that I saw him alive on Aug 6 1917, and that death occurred, on the date stated above, at 7-4 m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

(Duration) yrs. 1 mo. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Lewis Taddeo M. D.

Aug 7, 191.7 (Address) 321 E 25

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Aug 8, 1917.

20-UNDERTAKER Wm Cook ADDRESS 507 E North Ave

Important. See instructions on back of certificate.

B

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7481

30 D 7481

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Reynolds

(Residence in Baltimore: No. 703 Harvey St.: 22 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 14 (Month) (Day), 1895 (Year)

7-AGE, 21 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

037

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Nurse
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Garden Redden

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Reynolds

(Address) 703 Harvey St.

15- AUG 8 - 1917 MARY C. ANDREWS

Filed, 191.. B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8-7- 1917, to 8-7- 1917, that I saw h[illegible] alive on 8-7- 1917, and that death occurred, on the date stated above, at 12.10 A.M.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary

(Duration) yrs. mos. ds.

Ordema

(Signed) [signature] M. D.

, 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ½ ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Un known

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedarhill Cem. DATE OF BURIAL, Aug. 10, 1917.

20-UNDERTAKER Wm Cook ADDRESS No. E Watth

Important. See Instructions on back of certificate.

D 7482

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7482

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1709- Carter Alley ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Driscoll

(Residence in Baltimore: No. 1709- Carter St or al' St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. If any statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Wid

6-DATE OF BIRTH, Unknown 1 .....
(Month) (Day) (Year)

7-AGE, 89 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). Own

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, David Driscoll

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), [illegible]

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Armstead

(Address) 1709 - Carter ST

15- HARRY C. ANDREWS

Filed....., 191[illegible] Burial Permit Clerk

B Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to... by death on the day stated above.

The CAUSE OF DEATH* was as follows:

Old Age.

Arteriosclerosis. Chronic Nephritis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) A. T. Riley M. D.
(Coroner.)

Aug 6, 191[illegible]. (Address) 1637 Bradley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Aug 8th 1917

20-UNDERTAKER Sam. W. Chase-son — ADDRESS 1400. Mosher St

Spec.—8-24-14—M. & T.—2000 Blks.

D 7483

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7483

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. Eastern Ave & Madison ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles P Dunigan

(Residence in Baltimore: No. Dukeland & Clifton Ave. St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ Married (Write the word.)

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1 (Year)

7-AGE, 65 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Co

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, C. Dunigan

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm L Tickell

(Address) 2443 E. Preston St

15- AUG 8 - 1917 Filed....., 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3 1917, to Aug 8 1917, that I saw him alive on Aug 8 1917, and that death occurred, on the date stated above, at 6.45 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Streptococcus Septicaemia (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) H. A. Wentz M. D.

....., 191.. (Address) Md. Gen. Hospital.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Dukeland & Clifton Ave.

19-PLACE OF BURIAL OR REMOVAL. Mt. Carmel Cem. DATE OF BURIAL. Aug 10, 1917.

20-UNDERTAKER Josiah Syfer ADDRESS 1600 N. Wolfe

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7484 — +4 D 7484

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon O. Gallion

(Residence in Baltimore: No. Vanbibber Md) St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. Unknown (Month) (Day) 1874 (Year)

7-AGE. 43 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 086

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John R. Gallion

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER M. Carpenter

13-BIRTHPLACE OF MOTHER (State or Country), N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Univ. Hosp. Date

(Address) Fallsway & Lombard St

15- AUG 8 - 1917 HARRY C. ANDREWS
Filed....., 191.. .....
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1917, to Aug 7 1917, that I saw h-in alive on Aug 7 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

General Peritonitis following
Intestinal Perforation

(Duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) Cancer of Rectum

(Duration) .....yrs. 3 mos. .....ds.

(Signed) C. G. Raschmeider M. D.

Aug 7, 1917. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 10 ds. In the State 43 yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Vanbibber, Md.

19-PLACE OF BURIAL OR REMOVAL, Vanbibber Md. DATE OF BURIAL, Aug 8th, 1917.

20-UNDERTAKER E & B Hale ADDRESS 115 E Mt St

B

D 7185

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 183 D 7485

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 25 Street Ward) REGISTERED No. C
2-FULL NAME Jack Gertzen
(Residence in Baltimore: No. Garrison Lane St.; Yrs. Life mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single
6-DATE OF BIRTH, Sept (Month) 6 (Day), 1894 (Year)
7-AGE, 22 yrs. 11 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.
8-OCCUPATION: (a) Trade, profession, or particular kind of work, Sawyer (b) General nature of industry, business, or establishment in which employed (or employer) Mill
9-BIRTHPLACE, (State or Country), Md

PARENTS.
10-NAME OF FATHER, Karl Gertzen
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER Elmore Comber
13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John Gertzen
(Address) Garrison Lane

15-
AUG 8 - 1917 HARRY C ANDREWS
Filed....., 191. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 7 (Day), 191 (Year)
17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Homicide
Stab wound in heart
(Duration) ....yrs.....mos.....ds.
CONTRIBUTORY (Secondary)
(Duration) ....yrs.....mos.....ds.
(Signed) [illegible] M. D.
(Coroner.)
191. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Black Rock Butler Md
DATE OF BURIAL, Aug 9 1917
20-UNDERTAKER, J. F. Elvin
ADDRESS Reisterstown Md

CAUSE OF DEATH to be plainly written, and all the items carefully answered. Every question is important. See instructions on back of certificate.

D 7486

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7486

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 505 N. Carlton St.: 18 WARD)

REGISTERED No. C 64

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Brooks Jr

(Residence in Baltimore: No. 505 N Carlton St., yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 18.. (Year)

7-AGE, 5-7 ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tinner
(b) General nature of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Samuel Brooks

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Ann Cunn

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 505 N Carlton

15- AUG 8 - 1917 Filed ....., 191.. HARRY O. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 5 ....., 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D. (Coroner.)

A....., 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem | DATE OF BURIAL, Aug 7 ....., 19..

20-UNDERTAKER Samuel Hemsley | ADDRESS 57 Stricker

CAUSE OF DEATH in plain terms, so that it may be properly understood. Every item is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7487. HEALTH DEPARTMENT—CITY OF BALTIMORE D 7487.

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2133 Dennison ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Leah Dilworth

(Residence in Baltimore: No. 2133 Dennison St.; 50 yrs. ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. July (Month) 11 (Day), 1832 (Year)

7-AGE. 85 yrs. 0 mos. 27 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Robt Mears

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Sophia Scott

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. M. Marshall

(Address) Baltimore

15- AUG 8 - 1917 MARY C. ANDREWS Burial Permit Clerk

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24, 1917, to Aug 7, 1917, that I saw h[illegible] alive on Aug 7, 1917, and that death occurred, on the date stated above, at 5. A. m.

The CAUSE OF DEATH* was as follows:

Cystic-Sclerosis

Probably Senility,

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Abdominal Tumor with Atheroma of Arteries

(Duration) ..... yrs. 4-5 mos. ..... ds.

(Signed) Jas. H. Mathews M. D.

Aug 7, 1917 (Address) 1121 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. | In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cem. | DATE OF BURIAL, Aug 9, 1917

20-UNDERTAKER Stewart Morris Co | ADDRESS 108 N. Howard

Spec.—8-24-14—M. & T.—2000 Bks.

D 7183 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7183

CERTIFICATE OF DEATH.

REGISTERED No. C 6120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 Orleans St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth E Seward

(Residence in Baltimore: No. 2603 Orleans St. 72 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX~~,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, June 5, 1842.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
75 yrs. 2 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Thilman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Schenk

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. E. Broadbent

(Address) 105 N Luzerne Av.

15- AUG 8 1917 HARRY C. ANDREWS

Filed ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 7, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1916, to Aug 7 1917, that I saw her alive on Aug 6 1917, and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 7 ds.

(Signed) W. P. McCarty M. D.

Aug 8, 1917 (Address) 839 S Ellwood Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug. 9, 1917.

20-UNDERTAKER H. Sander & Sons — ADDRESS 1710 E. Lutb

Spec.—8-24-14—M. & T.—2000 Bks.

D 7489

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7489

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1370 Stockton ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Fisher

(Residence in Baltimore: No. 1370 Stockton St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 13 (Day), 1894 (Year)

7-AGE, 23 yrs. 17 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Andrew Fisher

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Louisa Nelson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Louisa Fisher

(Address) 1370 Stockton St.

15-

Filed AUG 8 - 1917, 191.... HARRY [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3 1917, to Aug 6 1917, that I saw her alive on Aug 6 1917, and that death occurred, on the date stated above, at 1.10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.
Apoplexy & Heart
Cardiac Heart

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY. Heart Failure
(Secondary)

(Duration) yrs. mos. 3 ds.

(Signed) D. G. W. Kennard M. D.

Aug 7, 1917 (Address) 705 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Aug 8, 191..

20-UNDERTAKER Samuel E. Wright

ADDRESS 364 N. Carey

Spec.—8-24-14—M. & T.—2000 Blks.

D 7490

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7490

CERTIFICATE OF DEATH.

15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 Remington St.; 17 Ward) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Novilla Wilson

(Residence in Baltimore: No. 2829 Remington St.; 3 yrs., 3 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fe

4-COLOR OR RACE. Col

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Single

6-DATE OF BIRTH, 5 (Month) 6 (Day), 1917 (Year)

7-AGE. 3 yrs. 1 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Wilson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mabel Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mabel Brooks

(Address) 2829 Remington Ave

15- AUG 8 - 1917 Registrar.

Filed..... 191.. Burial Permit Issued.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1917, to Aug 7 1917, that I saw him alive on Aug 7 1917, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Congenital Debility.

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

..... (Duration)..... yrs. 1 mos. ..... ds.

(Signed) R. Garland Ammell M. D.

....., 191... (Address) 1534 Druid Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	Aug 8, 1917
20-UNDERTAKER Jane W. Chase & Son	ADDRESS 1100 Madison

D A K I S

Spec.—8-24-14—M. & T.—2000 Bks.

D 7491

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7491

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Homestead ST.: 9th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Martin Rankin

(Residence in Baltimore: No. 608 Homestead St.: 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, October 25, 1823
(Month) (Day) (Year)

7-AGE, 93 yrs. 9 mos. 23 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work 100
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

9-BIRTHPLACE, (State or Country), York County, Pa.

PARENTS.

10-NAME OF FATHER, Moses Rankin

11-BIRTHPLACE OF FATHER (State or Country), York County, Pa.

12-MAIDEN NAME OF MOTHER Miss Mary Bennett

13-BIRTHPLACE OF MOTHER (State or Country), York County, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul L. Whittington

(Address) 608 Homestead

15- AUG 8 - 1917 ~~CHIEF C. ANGELL~~ Burial Permit Clerk
Filed ....., 191.... ~~[illegible]~~ Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from about 3 1917, to ..... 191...,
that I saw h... alive on Aug 7 1917,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

..... (Duration) — yrs. — mos. ..... ds.

CONTRIBUTORY (Secondary) Senile Debility

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. G. Prentiss M. D.

Aug 8, 1917. (Address) 624 S. Arch St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Presbyterian Cemetery, Long Green, Balto Co.	Aug 9, 1917
20-UNDERTAKER	ADDRESS
John B Spencer	1325 N. Carolina St

Spec.—8-24-14—M. & T.—2000 Blks.

D 7492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7492

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 N. Belnord Ave (St.) 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Manser.

(Residence in Baltimore: No. 102 N. Belnord Ave, St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... Jan (Month) 1 (Day), 1863 (Year)

7-AGE, 54 yrs. 7 mos. ....da. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Lowery.

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Manser

(Address) 102 N. Belnord Ave

15- Filed AUG 8 1917, HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 29 1917, to Aug 6 1917, that I saw h[illegible] alive on Aug 6 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

?

(Duration) 1 yrs. ....mos. ....da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) B. N. Kelly M. D.

Aug 6, 1917 (Address) 102 N. Belnord

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Schwartz Cemetery	Aug 9, 1917
20-UNDERTAKER	ADDRESS
Frank A. Fink	916 N. Gay St.

Spec.—5-19-13—M. & T.—500 Bks.

D 7493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7493

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 Brentwood St. or Ave. 10 WARD) REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilbur Bailey

(Residence in Baltimore: No. 1202 Brentwood Ave St.; ..... yrs., 8 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept. 10, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 28 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... no

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harry Bailey

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Emma Hirtride

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Bailey

(Address) 1202 N. Brentwood

15. AUG 8 - 1917 Filed....., 191... MARY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 7th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1917, to Aug 7 1917, that I saw him alive on Aug 7 1917, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

..... Summer Diarrhoea .....

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... Wm Pearce ..... M. D.

Aug. 7. 1917. (Address) ..... 5 E. Preston .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Aug. 9. 1917
20-UNDERTAKER	ADDRESS
J. Henry Lutz	1007 N. Bond

D 7494

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

D 7494

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 509 Montford ave ST. 7th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Loretta Mack

(Residence in Baltimore: No. Same ST.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): X

6 DATE OF BIRTH: Aug 15th (Month) (Day), 1916 (Year)

7 AGE: 11 Months yrs. mos. 7 ds.

If LESS than 1 day 24 hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Catherine Mack

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Mack

(Address)

AUG 8 - 1917 Filed, 191

HARRY [illegible]
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug 8th (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 7th, 1917, to Aug 8th 1917, that I saw h[illegible] alive on August 7th, 1917, and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Heat

(Duration) yrs. mos. ds.

(Signed) Thos F Simms M. D.

Aug 8, 1917 (Address) 1025 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Peters — DATE OF BURIAL: Aug 9, 1917

20 UNDERTAKER: A Fahey & Sons — ADDRESS: 606 Lafayette Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7495 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7495

CERTIFICATE OF DEATH.

REGISTERED No. C 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2609 (ST.) Jefferson (WARD) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo H Kellenbeck Jr

(Residence in Baltimore: No. 2604 Jefferson St.; ....yrs., ...mos. 1½ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	single

6-DATE OF BIRTH, Aug. 7, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds. If LESS than 1 day, 12 hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Geo H Kellenbeck

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER, Emma Pitcairn

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo H Kellenbeck

(Address) 2604 Jefferson St

15- AUG 8 - 1917 HARRY O. ANDREWS
Filed ....., 191. Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7 1917, to Aug 8 1917, that I saw h[illegible] alive on Aug 7 1917, and that death occurred, on the date stated above, at 11 9 m.

The CAUSE OF DEATH* was as follows:

Premature Birth
Severe vomiting

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. J. Heuisler M. D.

8/8, 191.7. (Address) 2600 Baltic St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. DATE OF BURIAL, Aug. 8, 1917

20-UNDERTAKER Chas. E. Evans & Son ADDRESS 1810 N. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

67 ✓ D 7496

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2529 Brookfield ave St. B WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline W. Myers

(Residence in Baltimore: No. 2529 Brookfield ave St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) 13 (Day) 1842 (Year)

7-AGE, 75 yrs. 2 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Emanuel Weiman

11-BIRTHPLACE OF FATHER (State or Country), German

12-MAIDEN NAME OF MOTHER Dot Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. John Lyons

(Address) 2529 Brookfield

15-

Filed AUG 8 1917, 191.... HARRY C. AMBLER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from — 1916, to 8-7 1917, that I saw h.r alive on 8-6 1917, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Senile Pneumonia

ovw

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) — yrs. — mos. 4 ds.

(Signed) H. J. Darrell M. D.

8-6-, 191... (Address) 1611 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Harmina Cemetery	Aug. 9, 1917.

20-UNDERTAKER	ADDRESS
J. Ahrens & Co	1611 Mad ave

City under the care of Henry Thos Culp.

D 7497 Will find it in the City Morgue Book

104 D 7497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 626 Greenmount St. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.

(Residence in Baltimore: No. 626 Greenmount St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col'd	Single

6-DATE OF BIRTH, About May 1st, 1917
(Month) (Day) (Year)

7-AGE About yrs. 3 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Norman

(Address) 626 Greenmount Ave

15- AUG 8 - 1917

Filed....., 191.... HARRY C. ANDREWS
Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Found Unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Oral & Bad Teeth

(Duration) yrs. mos. ds.

(Signed) C. Mitchell M. D.
(Coroner.)

Aug. 6, 191.. (Address) 8 Hillen Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State None yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
PUBLIC CEMETERY	AUG 7 - 1917
20-UNDERTAKER	ADDRESS
Commissioner Health.	

CAUSE OF DEATH must be plainly written. Every item important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7493

HEALTH DEPARTMENT—CITY OF BALTIMORE 20

D 7493

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md Gen. Hospital

CITY OF BALTIMORE: (No. Eastern Ave Madison ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Francis

(Residence in Baltimore: No. Md. Gen. Hospital St.; ....yrs.,....mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July 28, 1917. (Month) (Day) (Year)

7-AGE, ...yrs....mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Elmer Hart.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Mary Francis

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed AUG 8 - 1917, 191.... HARRY C. BLUMENS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 8, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1917, to Aug. 8 1917, that I saw him alive on Aug 8 1917, and that death occurred, on the date stated above, at 1.00 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Streptococcus Septicaemia

(Duration) ....yrs. ....mos. 3 ds.

(Signed) J. J. Rohrer M. D. M. D.

8-8, 1917 (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 11 ds. In the State....yrs....mos. 11 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Parents 1475 Dartmouth Rd

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL AUG 8 1917

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7499 D 7499

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 602 N. Bethel ST.: 7 WARD)

2-FULL NAME Isaac Randall

(Residence in Baltimore: No. 602 N. Bethel St.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St., 6yr. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Boy

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 5 mos.....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, M. Haley Randall

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Ethel Brockow

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Haley Randall

(Address) 602 N. Bethel St.

15- HARRY O. ANDREWS

Filed AUG 8 1917 191.... Clerk. Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Enteritis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed).....M. D.
Coroner.

(Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

IMPORTANT. See instructions on back of certificate.

D 7500

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7500

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital 15 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard McDermott,

(Residence in Baltimore: No. 1633 Baker St

St., Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, Unknown 1 (Month) (Day) (Year)

7-AGE, 42 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Hayer (036
(b) General nature of industry, business, or establishment in which employed (or employer) Yard

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thos McDermott

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter McDermott

(Address) 1633 Baker St

15- AUG 8 - 1917

Filed ....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 6, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Upton Sweeney M. D.
(Coroner.)

Aug 8 191 (Address) 20 E Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Aug 9, 19 17

20-UNDERTAKER Martin Fahey Co

ADDRESS 606 Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7502

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7502

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Wise

(Residence in Baltimore: No. 8 days in Hospital St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 42 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School teacher
(b) General nature of industry, business, or establishment in which employed (or employer): 068

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Edward Wise

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. J. Smith

(Address) Johns Hopkins Hospital

15-

AUG 8 1917

Filed ....., 191.....

HARRY O. ANDERSON
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 8 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from August 1 1917, to August 8 1917, that I saw her alive on August 8 1917, and that death occurred, on the date stated above, at 3 30 p m.

The CAUSE OF DEATH* was as follows:

Aplastic pernicious Anemia

autopsy

..... (Duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

..... (Duration) yrs. ..... mos. 3 ds.

(Signed) J. P. Sprunt M. D.

Aug. 8, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Cuddeckville Va.

19-PLACE OF BURIAL OR REMOVAL, Painter Va

DATE OF BURIAL, 8-9..., 1917.

20-UNDERTAKER John B Spence

ADDRESS 1325 N Gay

Spec.—8-24-14—M. & T.—2000 Bks.

D 7502

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

104 D 7502

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 S Grove ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Dubala

(Residence in Baltimore: No. 813 S Grove St.; ~~1~~ yrs., ~~10~~ mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept (Month) 10 (Day) 1916 (Year)

7-AGE, ...yrs. 10 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, John Dubala

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Victoria Mackowiak

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Dubala

(Address) 813 S Grove St

15-

Filed AUG 8 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 8 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 6 1917, to August 8 1917, that I saw h[illegible] alive on August 8 1917, and that death occurred, on the date stated above, at 1 5 p.m.

The CAUSE OF DEATH* was as follows:

(a) Gastro-enteritis

(Duration) yrs. ca mos. 5 ds.

CONTRIBUTORY (Secondary) Autointoxication

(Duration) yrs. mos. 1 ds.

(Signed) M Jaworski M. D.

Aug 8, 191 7 (Address) 2431 Fait Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary Cem	Aug 9, 191 7
20-UNDERTAKER	ADDRESS
Stephen J Kaikowski	1019 Hanover and

Spec.—8-24-14—M. & T.—2000 Blks.

D 7503

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 130

D 7503

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah R. Hooks

(Residence in Baltimore: No. 419 W. 26th St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1883.
(Month) (Day) (Year)

7-AGE, 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, J. Calvin

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Hospital Records.....

(Address).....

15-

AUG 8 - 1917

Filed....., 191.....

HARRY D. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7 1917, to Aug 8 1917, that I saw her alive on Aug 8 1917, and that death occurred, on the date stated above, at 12:15 P. m.

The CAUSE OF DEATH* was as follows:

..... Myocardial .....
..... Degeneration .....
.....
..... Uterine Endometritis .....
..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Cancerous uterus

..... (Duration) ..... yrs. Not Known mos. ..... ds.

(Signed) Frank C. Hamm M. D.

8/8/17, 191... (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 419 W. 26th St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Mary Cemetery	Aug. 10 191 7
20-UNDERTAKER	ADDRESS
Edi Roy Shipple	844 Orchard

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7504 ✓ D 7504

CERTIFICATE OF DEATH.

50

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 159 W Cross ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia A Schroeter

(Residence in Baltimore: No. 159 W. Cross St.; 45 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, May 17th, 1855 (Month) (Day) (Year)

7-AGE, 62 yrs. 2 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Oetzel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Oetzel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Oetzel

(Address) 901 S Russel St.

15-

Filed AUG 8 - 1917 191... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 8th, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 7th 191 6, to Aug 8th 191 7, that I saw h[illegible] alive on Aug 7th 191 7, and that death occurred, on the date stated above, at 12 Noon m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

Aug 8th 191 7 (Address) 1501 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Aug 11th, 191...

20-UNDERTAKER Mr. & Mrs. John H. Deufel — ADDRESS 901 W. Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

D 7505

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7505

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Buckley

(Residence in Baltimore: No. 627 Calhoun St ..... St.: 7 yrs., ' mos. ' ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	married

6-DATE OF BIRTH, Dec (Month) 14 (Day) 1865 (Year)

7-AGE, 51 yrs. 7 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), N. J.

PARENTS.

10-NAME OF FATHER, Nathan Pound Jos. Buckley

11-BIRTHPLACE OF FATHER (State or Country), N.J.

12-MAIDEN NAME OF MOTHER Caroline Whitaker

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C C Kelly

(Address) Union Prot Infirmary

15-

Filed ..... 191.....

HARRY C. ANDREWS
Burial Permit Registrar.

AUG 8 - 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2 1917, to Aug 7 1917, that I saw her alive on Aug 7 1917, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Endocarditis

(Duration) ....yrs. ....mos. ? ds.

CONTRIBUTORY (Secondary) Cardiac dilitation

(Duration) ....yrs. ....mos. 3 hrs ds.

(Signed) G. R. Micklethwaite M. D.

Aug 7, 1917 (Address) U P I

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ? ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 627 Calhoun St,

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Aug 9 191 7

20-UNDERTAKER Mrs. Mrs. John N. Teufel — ADDRESS 801 N. Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

D 7506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7506

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 N Lanvale ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip B Kennedy Jr.

(Residence in Baltimore: No. 1908 N Lanvale St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug 7, 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs.....mos.....ds.	8 hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Philip B Kennedy

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Margt Brookhouse

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Philip Kennedy

(Address) 1908 N Lanvale

15-

AUG 8 - 1917

Filed....., 191.... HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7 1917, to Aug 7 1917, that I saw h.. alive on Aug 7 1917, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Tetraquelete Debility

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Premature Birth

..... (Duration).....yrs.....mos.....ds.

(Signed) Alan B Kennedy M. D.

Aug 8, 191.7. (Address) 718 N Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cem	Aug 9, 191.7.
20-UNDERTAKER	**ADDRESS**
Geo W Little	531 N Fremont Ave

D 7507

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7507

28

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 726 S Durham ST.: 2 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Skwirut

(Residence in Baltimore: No. 726 S Durham St.: 2 yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word)
F	W	Single

6-DATE OF BIRTH: Dec 7, 1895 (Month) (Day) (Year)

7-AGE: 21 yrs. 8 mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Helper in packing 086
(b) General nature of industry, business, or establishment in which employed (or employer): Fruit House

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Frantz Skwirut

11-BIRTHPLACE OF FATHER (State or country): Austria Poland

12-MAIDEN NAME OF MOTHER: Emma Skwirut

13-BIRTHPLACE OF MOTHER (State or country): Austria Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W F. Sadowski

(Address) 705 S. Ann St.

AUG 8 - 1917 Filed, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug 7, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1917, to Aug 7 1917, that I saw h Ex alive on Aug 7, 1917, and that death occurred on the date stated above, at 8 15 P m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY) Cardiac Exhaustion

(Duration) yrs. mos. 2 ds.

(Signed), A L Cumbean M. D.

Aug 8, 1917 (Address) 2013 Banks

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Stanislaus — DATE OF BURIAL: Aug 10, 1917

20 UNDERTAKER: W F. Sadowski — ADDRESS: 705 S. Ann

This CAUSE OF DEATH may be properly classified: Etc., Nature of Occupation is very important. See instructions on back of certificate.

D 7503 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7503

CERTIFICATE OF DEATH.

REGISTERED No. C 154

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 646 W Lombard St. WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Rasimas
(Residence in Baltimore: No. 646 W Lombard St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1882 (Year)

7-AGE, 35 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Customs
(b) General nature of industry, business, or establishment in which employed (or employer): 087

9-BIRTHPLACE, (State or Country), Russia.

PARENTS.
10-NAME OF FATHER, Antony Rasimas
11-BIRTHPLACE OF FATHER (State or Country), Russia
12-MAIDEN NAME OF MOTHER no
13-BIRTHPLACE OF MOTHER (State or Country), no

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Antonas Rasimas
(Address) 23[illegible] Lexington St.

15- AUG 9 - 1917 Filed ....., 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 6 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
Caused by pistol shot wound
Self (suicide)
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. W. Comelli M. D.
(Coroner.)
Aug 8, 1917 (Address) 512 N Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, National Cemetery — DATE OF BURIAL, Aug. 9, 1917
20-UNDERTAKER John Gelbelauchas — ADDRESS 425 So Paca St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7509

CERTIFICATE OF DEATH.

51 D 7509

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 W. West ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME "Premature" Cornish.

(Residence in Baltimore: No. 128 W. West St.; ... yrs., - mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Aug. 8, 1917. (Month) (Day) (Year)

7-AGE, ... yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or 25 min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Premature (b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Robert Jones

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ethel Cornish

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Cornish.

(Address) 128 W. West.

15- Filed AUG 9 - 1917, 191..

HARRY C. ANDREWS
Burial Permit Clerk

1105-5. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August, 8, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 8 1917, to Aug. 8, 1917, that I saw him alive on Aug. 8, 1917, and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

6 mo. foetus

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hard work (mother) (Duration) ... yrs. ... mos. ... ds.

(Signed) Wm. Francis M. D.

8/8, 1917 (Address) 1xx W Lee

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt. Auburn St	Aug. 9, 1917.
20-UNDERTAKER	ADDRESS
S. S. Brown & Son	108 N. Mount St

D 7510

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 D 7510

1-PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 2800 Bernard St.: 12 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Spangler

(Residence in Baltimore: No. ..... St.: ~ yrs. ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH Dec 19, 1916 (Month) (Day) (Year)

7-AGE ..... yrs. 7 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Douglas Spangler

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Mary A. Fleckenstein

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary A Spangler

(Address) 2800 Bernard St

15-AUG 9 - 1917 Filed ....., 191 HARRY C. ANDREWS Burial Permit Clerk M.D.S. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug 8, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1917, to Aug 8 1917, that I saw h[illegible] alive on Aug 8, 1917, and that death occurred, on the date stated above, at 10:30 P m.
The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
One week
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Teething
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. C. Richardson M. D.
Aug 9, 1917 (Address) 1126 N. 20th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Aug 10, 1917

20-UNDERTAKER: H. B. Marshall — ADDRESS: 2339 Fulton Ave

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7513

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2823 (St.) Hampden Ave (Ward) 10

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah V. Morgan.

(Residence in Baltimore: No.) 2823 Hampden Ave. St.: ..... yrs. 8 mos. 0 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. (Month) 9 (Day), 1916 (Year)

7-AGE, ... yrs. 8 mos. 0 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Perry B. Morgan

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lu Ella Chalk

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lu Ella Morgan

(Address) 2823 Hampden Ave

15- AUG 9 - 1917 Filed....., 191. HARRY O. ANDREWS Burial Permit Clerk M.B.P. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 8 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 18 1917, to Aug. 8 1917, that I saw her alive on Aug. 8 1917, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

..... Intestinal Indigestion

..... (Duration) ..... yrs. ..... mos. Days ds.

CONTRIBUTORY (Secondary) Teething

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. A. Pritchard M. D.

Aug. 9, 191... (Address) 1241 N. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Laurel Md. DATE OF BURIAL, Aug. 9, 191 7.

20-UNDERTAKER Hepworth & Son ADDRESS 3[illegible] Maryland Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7512

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2605 Brnard st. ST.; 12 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Smallwood.
(Residence in Baltimore: No. 2605 Brnard st. St.; 51 yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: white
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married
6-DATE OF BIRTH, April (Month) 8 (Day), 1866 (Year)
7-AGE, 51 yrs. 4 mos. ds.
If LESS than 1 day, hrs. or min.
8-OCCUPATION: (a) Trade, profession, or particular kind of work: Laborer. (b) General nature of industry, business, or establishment in which employed (or employer):
9-BIRTHPLACE, (State or Country): Md.

PARENTS.
10-NAME OF FATHER: Jefferson Smallwood
11-BIRTHPLACE OF FATHER (State or Country): Md.
12-MAIDEN NAME OF MOTHER: Mary J. Clark
13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Martha M. Smallwood
(Address) 2605 Bernard St.

15-
Filed AUG 9 - 1917, 191...
HARRY C. ANDREWS
Burial Permit Clerk.
Wills. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jun 10 191 7, to Aug. 8 191 7, that I saw h... alive on Aug 8 191 7, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

(a) Exhaustion due to
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Pulmonary Tuber.
Colitis (Duration) 6 yrs. mos. ds.

(Signed) R. A. Richardson M. D.
Aug 8., 1917. (Address) 112 W. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In tha State yrs. mes. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Marys Hampden DATE OF BURIAL, Aug 10, 191 7

20-UNDERTAKER Dennoth & Son ADDRESS 367 Eastwood

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7513

CERTIFICATE OF DEATH.

40 D 7513

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3614 Hooper Av St.; 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George L Curtis

(Residence in Baltimore: No. 3614 Hooper Av St.; W yrs.,.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, April 21, 1866
(Month) (Day) (Year)

7-AGE, 51 yrs. 4 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Mill

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, William Curtis

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md

12-MAIDEN NAME OF MOTHER Lora Bond

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Earl L Curtis

(Address) 3614 Hooper Av

15- AUG 9 1917 HARRY C. ANDREWS Burial Permit Clerk
Filed 191... M B S. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 191..., to Aug 8 1917, that I saw him alive on Aug 7 1917, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver &
Organic Heart disease

(Duration) ...yrs. 4 mos. ...ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ...yrs. ...mos. 1 ...ds.

(Signed) Alex D Gaul M. D.

8/9/17, 191... (Address) 709 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, Aug 11, 191...

20-UNDERTAKER Wm. Cook — ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7514

REGISTERED No. C 15 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 N Fulton av ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophie M Schumann

(Residence in Baltimore: No. 2011 N. Fulton av St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, January 27, 1840 (Month) (Day) (Year)

7-AGE, 77 yrs. 6 mos. 11 ~~16~~ ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Meyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Rebecca Dershman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Schumann

(Address) 2011 N Fulton av

15-

Filed AUG 9 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1917, to Aug 1917, that I saw h alive on Aug 6 1917, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation
Myocarditis
(Duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation
(Duration) ... yrs. ... mos. ... ds.

(Signed) G Isaac Jones M. D.

..., 191... (Address) 125 N Rose

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Aug. 9., 1917

20-UNDERTAKER H. Deshon's Sons ADDRESS North ave

Dr G Isaac Jones Nw cor Fulton

Spec.—8-24-14—M. & T.—2000 Bks.

D 7515

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7515

CERTIFICATE OF DEATH.

108

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Union Prot Infirmary ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Duggs

(Residence in Baltimore: No. 2600 Mc Elderry St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 11, 1884 (Month) (Day) (Year)

7-AGE, 32 yrs. 10 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Supt Canning
(b) General nature of industry, business, or establishment in which employed (or employer)..... Factory.

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Jas. Diggs

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Roevner

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C.C. Keely M.D

(Address) U.P.I.

15- AUG 9 - 1917 Filed....., 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1917, to Aug 7 1917, that I saw him alive on Aug 7 1917, and that death occurred, on the date stated above, at 6 40 m.

The CAUSE OF DEATH* was as follows:

Cholecystitis.
Appendicitis.
Operation Aug 5th.
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Peritonitis. Shock

(Duration) ....yrs. ....mos. ....ds.

(Signed) G. R. Michletwaite M. D.

Aug 7, 1917 (Address) U.P.I.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ? ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2600 Mc. Elderry St.,

19-PLACE OF BURIAL OR REMOVAL, Oaklawn Cem. DATE OF BURIAL, Aug 10, 1917.

20-UNDERTAKER Fickler & Fickler ADDRESS 1739 E. Eager St

D 7516

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7516

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 147 N Lakewood St. 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jones & Cypress.

(Residence in Baltimore: No. 147 N Lakewood St.; yrs. 85 mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1..... (Month) (Day) (Year)

7-AGE, 83 yrs..... mos..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired 062
(b) General nature of industry, business, or establishment in which employed (or employer)..... Watchman

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bunch Jones

(Address) 147 N Lakewood Ave

AUG 9 - 1917

Filed..... 191..... HARRY C. ANDREWS Bertha [illegible] Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Senility,

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) .....yrs.....mos.....ds.

(Signed) [illegible] M. D.
(Coroner)

Aug 9, 1917. (Address) [illegible]

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Aug 9, 1917
20-UNDERTAKER	ADDRESS
Christian Miller	2534 Jefferson St.

Supplemental. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7517 D 7517

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1057 Harfordave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Buser

(Residence in Baltimore: No. 1057 Harfordave St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Aug 8th, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ...mos. ...ds.

If LESS than 1 day, 2 hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none 000
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Edward F Buser

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Emma L Buttner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward F Buser

(Address) 1057 Harfordave

15- HARRY D. SNYDER
AUG 9 - 1917 Filed ..., 191... Burial Permit Clerk
23 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8 1917, to Aug 8 1917, that I saw h dy alive on aug 8 1917, and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows:

1 Pyramidal Fracture Skull
Laceration & Shock Cause

(Duration) ...yrs. ...mos. 2½ hrs.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Chas C Bellitt M. D.

Aug 9..., 1917. (Address) 1 W Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem'ty DATE OF BURIAL, Aug 9th, 1917.

20-UNDERTAKER George Schilling & Sons ADDRESS 1126 E Monument

25

Spec.—5-19-13—M. & T.—500 Blks.

D 7513

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7513

CERTIFICATE OF DEATH.

1492

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Druid Hill Ave. 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Garnett Lee.

(Residence in Baltimore: No. 1700 Druid Hill Ave. Sc. 36 yrs. 3 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Apr. (Month) 10 (Day), 1881 (Year)

7-AGE, 36 yrs. 3 mos. 26 ds.

If LESS than 1 day. ....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George Lee

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Elizabeth Weaver

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Genevieve T. Lee

(Address) 1700 Druid Hill Ave.

15- AUG 9 - 1917 HARRY C. ARMS

Filed....., 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29, 1917, to Aug. 6 1917, that I saw him alive on Aug. 6 1917, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Croupous Pneumonia (Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia (Duration) yrs. mos. 8 ds.

(Signed) H. E. Carr M. D.

Aug. 8, 1917 (Address) 515 N. Mothers St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Aug. 9. 1917

20-UNDERTAKER John M. Johnson ADDRESS 1234 Etting St.

Spec.—8-24-14—M. & T.—2000 lbs.

D 7519

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7519

109

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Sq. Hospital 16 REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche Ivory Tracey

(Residence in Baltimore: No. 841 Woodyard St.; 31 yrs. — mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 29 (Day), 1886 (Year)

7-AGE, 31 yrs. — mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machine Operator
(b) General nature of industry, business, or establishment in which employed (or employer): Operator

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John R. Tracey

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Sadie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie I. Tracey

(Address) 207 N. Schroeder

15- AUG 9 - 1917 Burial Permit Clerk

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 17 1917, to Aug 8 1917, that I saw her alive on Aug 8 1917, and that death occurred, on the date stated above, at 1.00 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Tuberculosis

secondary to Laparotomy

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. R. Kirkpatrick M. D.

....., 191... (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 16 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 841 Woodyard St

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, August 10, 1917

20-UNDERTAKER Jas Juerdens Son — ADDRESS 217 S. Paca

Spec.—8-24-14—M. & T.—2000 Bks.

D 7520 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7520

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 Booker ST.; 15 WARD)

REGISTERED No. C 1320

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Richard Trippe.

(Residence in Baltimore: No. 630 Booker St.; 2 yrs., mos. ds.)

35-40 mos ago

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colord	Married

6-DATE OF BIRTH, Dec 11, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. 7 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, George Washington Trippe

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Julia Ann Anderson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Trippe

(Address) 630 Booker St.

15- AUG 9 · 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permits Clerk B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 2 191 7, to Aug 7 191 7 that I saw h alive on Aug 6 191 7, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) 5 yrs. mos. ds.

(Signed) Wm. H. Wooster M. D.

Aug 7, 191 7 (Address) 120 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Aug 9, 191 7.

20-UNDERTAKER Geo H Holland ADDRESS 1631 D Ave

D. 7521

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 N. Rose St. St.; 9 Ward)

2-FULL NAME George Edw. Hublein

(Residence in Baltimore: No. 501 N. Rose St. St.; ..... yrs. ..... mos. ..... ds.)

Registered No. C 103

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widower

6-DATE OF BIRTH: Dec. (Month) 1st (Day) 1851 (Year)

7-AGE: 65 yrs. 8 mos. 5 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE (State or country): Balto. city

PARENTS

10-NAME OF FATHER: George Hublein

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Agnes Kunder

13-BIRTHPLACE OF MOTHER (State or country): Switzerland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Dora Hofman

(Address) 501 N Rose St.

15 Filed: AUG 9 1917 — 2161 - 6500 — HARRY C. ANDREWS, Burial Permit Clerk — W.B.S. — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug. (Month) 6 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1917, to, Aug 6th 1917, that I saw h..... alive on Aug 6th 1917, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Acute Dysentary

Gastro Enteritis (Duration) ..... yrs. ..... mos. 9 ds.

Contributory (SECONDARY) Intestinal Indigestion

(Duration) ..... yrs. ..... mos. 12 ds.

(Signed) George A. Seymour M. D.

Aug 6 1917 [Address] 1528 E Monument St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Aug 9, 1917

20-UNDERTAKER: Wm B Crothers — ADDRESS: 2 N Fulton Ave

Spec.—8-24-14—M. & T.—2000 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7522

CERTIFICATE OF DEATH.

81 D 7522

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2038 E. North Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Hyman

(Residence in Baltimore: No. 2038 E. North Ave St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ..... (Month) ....., ... (Day) 1 ..... (Year)

7-AGE, 71 Years ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Roller
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Maker

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Samuel Hyman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Hyman Jr.

(Address) 2038 E. North ave

15- AUG 9 - 1917 HARRY C. ARNOLD Burial Permit Clerk

Filed ....., 191.. .....

M.B.P. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August - 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 - 1917, to Aug 6 - 1917, that I saw him alive on Aug 6 - 1917, and that death occurred, on the date stated above, at 11-52 a.m.

The CAUSE OF DEATH* was as follows:

..... Asterio Sclerosis .....

.....

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer G. Hall M. D.

Aug 6 -, 191.7 (Address) 1617 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Aug 9th, 191.7

20-UNDERTAKER George J. Roth — ADDRESS 735 Harford Ave.

GENERAL AFFIDAVIT,

Balto. Times Union Print

State of Maryland, Baltimore, City to Wit;

BE IT REMEMBRED That on this 15 Day of August

A. D., 1907 before the subscriber a Notary Public

of the said State in and for the city aforesaid personally appeared George J

Roth

Esq.

and made oath in due form of law that. the Correct of Samuel

Hyman is Seventy three (73) instead of 71 as

Stated in the attached Statement

William D Groves
Notary Public

Spec.—8-24-14—M. & T.—2000 Bks.

D 7523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7523

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 Race ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Welsh

(Residence in Baltimore: No. 2307 Race St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Sept 17, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....None....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William Welsh

11-BIRTHPLACE OF FATHER (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Minnie Conway

13-BIRTHPLACE OF MOTHER (State or Country) Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm E. Welsh

(Address) 2307 Race St

15- AUG 9 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

W. B. S. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1917, to Aug 8 1917, that I saw h.. alive on Aug 8 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Exhaustion

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs. ....mos. 2 ds.

(Signed) R. L. Campbell M. D.

Aug 9, 191.7 (Address) 1644 Hillsdale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug 9, 191.7

20-UNDERTAKER Jos. Lakenkamp & Sons — ADDRESS 1318 Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7524

CERTIFICATE OF DEATH.

42

D 7524

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Ashland Av. Asquith St. ; 10 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Febronia Rosenbauer

(Residence in Baltimore: No. Ashland Ave Asquith St. St.; 2 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 1 (Day), 1863 (Year)

7-AGE, 54 yrs. 3 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 07A

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, August Rosenbauer

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Mary Schumbar

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister M. Clarissa

(Address) Ashland & Asquith Sts

15- AUG 9 - 1917 HARRY C. ANGLE'S

Filed ....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1915, to Aug 7 1917, that I saw h[er] alive on Aug 7 1917, and that death occurred, on the date stated above, at 6.05 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus
(Pathological diagnosis)

(Duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) Wm P. Draughty M. D.

Aug 8, 1917. (Address) 1737 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 4 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at Notre Dame Convent

Former or usual residence St Brigids Church - Balto,

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loch Raven Md.	Aug 10, 1917
20-UNDERTAKER	**ADDRESS**
Frank A. Finch	915 N. Gay St

D 7525

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7525

CERTIFICATE OF DEATH.

169

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No.... Foot of Covington St. ST.: [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Ulrich.

(Residence in Baltimore: No. 1011 William St. St.; yrs. 12 mos. 8 ds. 25)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, November 13th. 1904., 1 .....
(Month) (Day) (Year)

7-AGE, 12 yrs. 8 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Ernest O. Ulrich.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER, Bertha Miller.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest O. Ulrich. (father.)

(Address)..... 1011 William St.

15- Filed AUG 9 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 7th. 1917., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry. (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

Aug. 8, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cem	Aug 10, 1917
20-UNDERTAKER	ADDRESS
Thos. E. Evans & Son	1428 N. Charles

Spec.—8-24-14—M. & T.—2000 Bks.

D 7526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7526

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 861 Greenmount Ave St., 10 WARD) REGISTERED NO. C 79

2-FULL NAME Joseph William Wright

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 861 Greenmount Ave St., Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Oct. (Month) 16 (Day), 1874 (Year)

7-AGE, 42 yrs. 9 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shirt Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Adam Joseph Wright

11-BIRTHPLACE OF FATHER (State or Country), Bremen

12-MAIDEN NAME OF MOTHER, Margaret Blake

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary McCourt

(Address) 861 Greenmount Ave

15- Filed AUG 9 - 1917 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1917, to Aug 8 1917, that I saw him alive on Aug 6 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(Duration) yrs. 1 mos. ds.

(Signed) Harvey S Beck M. D.

Aug 9, 191... (Address) 20 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Aug. 11, 1917

20-UNDERTAKER H. C. Windsfeld — ADDRESS 914 Greenmount Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 7527

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7527

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Schroder ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin Dorsey

(Residence in Baltimore: No. 1514 Schroder ST. St.; Life yrs, ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 30 (Month) (Day), 1917 (Year)

7-AGE, ... yrs. 2 mos. 9 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Henry Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Balto md

12-MAIDEN NAME OF MOTHER Mamie Bell

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Bell

(Address) 1514 Schroder st

15- AUG 9 - 1917 HARRY C. SNEARER

Filed ....., 191.... Burial Permit Given

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 8, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 3 1917, to Aug. 8 1917, that I saw him alive on Aug 7 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Enteritis - Colitis

(Duration) - yrs. - mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles E. Chase M. D.

Aug 9, 1917. (Address) 1310 W. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, Aug 9, 1917

20-UNDERTAKER Edward Ringgold

ADDRESS 1463 Mary

Spec.—8-24-14—M. & T.—2000 Blks.

D 7523

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7523

CERTIFICATE OF DEATH.

'18

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1342 Woodyear ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsworth Lee

(Residence in Baltimore: No. 1342 Woodyear St.; ..... yrs., 2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1892 (Year)

7-AGE, 25 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boot Black
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George Lee

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Josephine Mason

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Lee

(Address) 1342 Woodyear St.

15-

Filed AUG 9 - 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 8, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 14 1917, to Aug 8 1917, that I saw h..... alive on Aug 6 1917, and that death occurred, on the date stated above, at 12-45 P m.

The CAUSE OF DEATH* was as follows: Aug 8-1917

Pulmonary Tuberculosis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) T E Daugherty M. D.

Aug 8, 1917 (Address) 1602 Pennsylvania

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 10, 1917

20-UNDERTAKER Edward Ringgold — ADDRESS 1633 Bank

Spec.—8-24-14—M. & T.—2000 Blks.

D 7520

HEALTH DEPARTMENT—CITY OF BALTIMORE

"45" D 7520

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

REGISTERED No. C.....

CITY OF BALTIMORE: (No. C. Monument ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Lazarus

(Residence in Baltimore: No. 933 Mc Culloh St.; 40 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 57 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Bookstore
(b) General nature of industry, business, or establishment in which employed (or employer)..... D.H.S.

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER. Lestin Lazarus

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah R. Lipschitz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nellie Lazarus

(Address) 933 Mc Culloh St

15- Filed AUG 9 - 1917 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 1917, to Aug 8 1917, that I saw h[illegible] alive on Aug 8 1917, and that death occurred, on the date stated above, at 11:05 Am.

The CAUSE OF DEATH* was as follows:

Carcinoma of pelvis of left kidney

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Post operative shock

(Duration) yrs. mos. 1 ds.

(Signed) Bernard Jacobson M. D.

8/8, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. mos. 24 ds. In the State 40 yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 933 Mc Culloh St.

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew Cemetery — DATE OF BURIAL, Aug 10, 191..

20-UNDERTAKER M. Levinson & Sons — ADDRESS 1107 E Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

D 7530

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 7530

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Camel Alley St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Eyler

(Residence in Baltimore: No. 207 Camel al St.; 47 yrs., 10 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Oct (Month) 6th (Day), 1875 (Year)

7-AGE, 41 yrs. 10 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER, Wm Simmons

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Eyler

(Address) 207 Camel al

15-

Filed AUG 9 1917 191.... HARRY C. ANDREWS Special Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 8th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 30 1917, to Aug 8 1917, that I saw h[illegible] alive on Aug 7 1917, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Uraemia Coma

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Intestinal Nephritis

(Duration) ....yrs. 4 mos. ....ds.

(Signed) Joseph B Saunders M. D.

Aug 9, 191.7. (Address) 719 E Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Aug 11, 1917

20-UNDERTAKER G T O H Holland D Harr ADDRESS 1631

Spec.—8-24-14—M. & T.—2000 Blks.

Recorded 7532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7531

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 S Mt Clare ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lauretta Stencil

(Residence in Baltimore: No. 104 S Mt Clare St.; 38 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1872 (Year)

7-AGE, 42 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Fred. Gobel

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Emma Hyoller

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Michael Stencil

(Address) 104 S Mt Clare St

15-

Filed AUG 9 1917 191.. HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 28 1917, to July 28 1917, that I saw her alive on July 28 1917, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Cystitis

Probably Tuberculosis (Duration) Mos. yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

July 29, 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mount	Aug 1 1917

20-UNDERTAKER John J. Curran Son

ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Blks.

D 7532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x92 D 7532

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.: 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Bissell

(Residence in Baltimore: No. 17 days in Hospital St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 28 (Day), 1872 (Year)

7-AGE, 45 yrs. — mos. 12 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), South Carolina

PARENTS.

10-NAME OF FATHER, John B Bissell

11-BIRTHPLACE OF FATHER (State or Country), S.C.

12-MAIDEN NAME OF MOTHER Sarah Harriet

13-BIRTHPLACE OF MOTHER (State or Country), S.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) Johns Hopkins Hospital

15- AUG 9 1917 HENRY C. ANDING Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1917, to August 9 1917, that I saw h[illegible] alive on August 9 1917, and that death occurred, on the date stated above, at 3 0/5 m.

The CAUSE OF DEATH* was as follows:

Chr. nephritis

(Duration) 4 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) ....yrs. ....mos. 3 ds.

(Signed) H Spruce M. D.

Aug 9..., 191.7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 17 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 73 Bull St Charleston S.C.

19-PLACE OF BURIAL OR REMOVAL, Charleston S.C. DATE OF BURIAL, Aug 9, 1917.

20-UNDERTAKER Albert E. Fuller ADDRESS 221 N Bandry

7533

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 D 7533

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1502 Marshall ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George V. Jess

(Residence in Baltimore: No. 1502 Marshall St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: June (Month) 9th (Day), 1917 (Year)

7-AGE: ..... yrs. 6 mos. 29 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None 000
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Samuel B. Jess

11-BIRTHPLACE OF FATHER (State or country): Salem N. J.

12-MAIDEN NAME OF MOTHER: Eva Gaskill

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel B. Jess

(Address) 1502 Marshall St.

15- Filed AUG 9 1917 191 HARRY C. ARMS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 7 1917, to, Aug 8 1917, that I saw h[illegible] alive on Aug. 8 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ..... yrs ..... mos. 2 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) O. Oberbrunner M. D.

Aug 8 1917 [Address] 1412 Eutaw St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Aug 10, 1917
20-UNDERTAKER	ADDRESS
J. Schumacher	Fremont Ave

7534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 7534

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hospital Emmard Ave ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1S.)

2-FULL NAME George D Jones

(Residence in Baltimore: No. 704 S Millard Ave St.) (Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	single

6-DATE OF BIRTH, June (Month) 14 (Day) 1899 (Year)

7-AGE, 18 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): 023

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Jones

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Clary

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Jones

(Address) 709 S. Millard Ave

15- AUG 9 - 1917

Filed....., 191.. HARRY C. ANDREWS BURIAL PERMIT CLERK

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquisition (Inquest, autopsy or inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Henry Parran Coroner, M. D.

Aug 1, 1917 (Address) 1810 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	Aug. 10., 1917.
20-UNDERTAKER	**ADDRESS**
Peter Nicolaus	2046 Easter

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7535

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Men's Home 20 WARD) REGISTERED NO. C 79

2-FULL NAME Saphronia Baynes

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1622 Druid Hill Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June (Month) ..... (Day) 1832 (Year)

7-AGE, 85 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Isaac Roberts

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jane Mathews

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Douglas

(Address) 1622 Druid Hill

15-

Filed 11 1917 MARY C. ANDREWS

191. Burial Permit Clerk

3 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 8 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1917, to Aug 8 1917, that I saw her alive on Aug 7 1917, and that death occurred, on the date stated above, at 4.50 p.m.

The CAUSE OF DEATH was as follows*

Mitral Insufficiency

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) A. V. Fiske M. D.

8/10, 191.7 (Address) 111 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. — mos. — ds. In the State 85 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Aug. 10 191.7

20-UNDERTAKER John H. Trader — ADDRESS 142 N. Eutaw St

D 7536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 647 D 7536

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Kelbaugh Hotel ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B. Wilson

(Residence in Baltimore: No. Kelbaugh Hotel St.; yrs., — mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, September (Month) Don't Know (Day) 1834 (Year)

7-AGE, 82 yrs. 11 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer).....

008 008

9-BIRTHPLACE, (State or Country), Harford Co Md

PARENTS.

10-NAME OF FATHER, William Wilson

11-BIRTHPLACE OF FATHER (State or Country), Don't know.

12-MAIDEN NAME OF MOTHER Margaret Amos

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs W.P. Wetherill

(Address) 1649 W. Lanvale St.

15- AUG 10 1917

Filed....., 191.... HARRY C. ANDREWS Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 8 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to. Natl death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration).....yrs.....mos.....ds.

Sudden

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) A. L. Riley M. D. (Coroner.)

Aug 9, 1917. (Address) 1609 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos. 7 ds.

Where was disease contracted, if not at place of death? Kelbaugh Hotel

Former or usual residence Baltimore Md

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem — DATE OF BURIAL, Aug. 10, 1917

20-UNDERTAKER Wm. Cook — ADDRESS 502 E North Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7537

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7537

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 Pennsylvania Ave St.; 7 WARD) REGISTERED NO. C

2-FULL NAME Jeanette Corf

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1830 Pennsylvania St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, June (Month) 29 (Day), 1906 (Year)

7-AGE, 11 yrs. 6 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Sam. Corf.

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Dora Bear

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Baltimore St

15-

AUG 10 1917

Filed....., 191.... Burial Permit Clerk

....., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 10 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 17 191 7, to Aug 10 191 7, that I saw h[illegible] alive on Aug 9 191 7, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Cystic Endocarditis

Bronchitis and Albuminuria

as Albuminuric Fever

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. mos. ds.

(Signed) E. E. Emerson M. D.

8-10-17, 191... (Address) 2411 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Howard

DATE OF BURIAL, Aug. 10, 191.7

20-UNDERTAKER Josh Lewis

ADDRESS 1411 E Balt St

D 7538

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

D 7538

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 633 George ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hicks

(Residence in Baltimore: No. 633 George St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Col

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Jan (Month) 1 (Day) ..... (Year)

7-AGE: 58 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Jno. Price

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Hannah Harris

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harriett Harris.

(Address) 633 George St

15- AUG 10 1917 HARRY C. ANDREWS

Filed ....., 191 . Special Deputy Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 7 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1917, to Aug 7 1917, that I saw h.er alive on Aug 7, 1917, and that death occurred, on the date stated above, at 8 P m.
The CAUSE OF DEATH* was as follows:

Cor Pulmonale

(Duration) 1 yrs. — mos. — ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed), Frank E. Wagner M. D.

Aug 9, 1917 (Address) 1076 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Aug 10 1917

20-UNDERTAKER: Samuel Kemsley — ADDRESS: 578 W Baltimore

Is very important. See instructions on back of certificate.

D 7539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7539

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1302 Morling Ave. ST.: 13 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret T. Dettis

(Residence in Baltimore: No. 1302 Morling Ave. St.) 75 yrs., 3 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, April (Month) 15 (Day), 1842 (Year)

7-AGE, 75 yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer). 000

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Dettis

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Meyers

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elma Redding

(Address) 1302 Morling Ave.

15- AUG 10 1917 HARRY C. ANDREWS

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs.....mos.....ds.

(Signed) J. Thos. F. Morrissey M. D. (Coroner)

Aug 9 1917 (Address) 2132 Rolandson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden — DATE OF BURIAL, Aug. 10, 1917

20-UNDERTAKER Horace Burgee & Son — ADDRESS 1631 Falls Road

Spec.—8-24-14—M. & T.—2000 Blks.

D 7540 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 7540

CERTIFICATE OF DEATH.

100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 W. Fayette St.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George M Botelle

(Residence in Baltimore: No. 1528 W Fayette St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (~~Write~~ the word.)

6-DATE OF BIRTH. February 23, 1856 (Month) (Day) (Year)

7-AGE. 61 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Paymaster (b) General nature of industry, business, or establishment in which employed (or employer): City Hall

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Beverly Botelle

11-BIRTHPLACE OF FATHER (State or Country) Georgetown DC

12-MAIDEN NAME OF MOTHER Phillips

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G Allan Botelle

(Address) 1528 W Fayette

15- AUG 10 1917 HARRY C. ANDREWS STATE REGISTRAR

Filed ....., 191... ..... Clerk.

B Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1917, to Aug 8 1917, that I saw h[illegible] alive on Aug 8 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Septic Endocarditis

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Uninfected

Cystitis (Duration) yrs. mos. 14 ds.

(Signed) John A Owings M. D.

....., 191... (Address) 10 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Aug. 11., 191.7.
20-UNDERTAKER	ADDRESS
Geo J Smith	1128 W Fayette St

7541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 Registered No. D 7541

1-PLACE OF DEATH

City of Baltimore (No.) 41 E.West St. St.: 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Pruitt

(Residence in Baltimore: No. 41 E.West St. St.; yrs. 1 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	White	Single

6-DATE OF BIRTH, May, 31st. 1917., 1 (Month) (Day) (Year)

7-AGE, 2 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Herbert Pruitt.

11-BIRTHPLACE OF FATHER (State or Country) Virginia.

12-MAIDEN NAME OF MOTHER Emma Luedtke.

13-BIRTHPLACE OF MOTHER (State or Country) A. A. Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Luedtke.(mother)

(Address) 41 E.West St.

15- AUG 10 1917 Filed, 191 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 9th. 1917., 191 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inqtiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cause Unknown

(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

Aug, 10, 1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem.	Aug. 11th 1917
20-UNDERTAKER	ADDRESS
C. Schumacher Son	1239 Hanover St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7542

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Hosp. ST.; 15 WARD) REGISTERED No. C 109

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Lecompte

(Residence in Baltimore: No. 2108 N. Fulton Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 18[illegible] (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, D. LeCompte

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER D. Frazier

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. LeCompte

(Address) 2108 N. Fulton Ave

15- BURIAL PERMIT

Filed AUG 10 1917, 191[illegible] Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6 1917, to Aug 8 1917, that I saw h[illegible] alive on Aug 8 1917, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. ds.

(Signed) B. B. Brumbaugh M. D.

Aug 8, 191 7 (Address) Union Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2108 N. Fulton Ave

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, AUG 11 1917

20-UNDERTAKER M. Joe Syfer ADDRESS 1600 W North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 7513 HEALTH DEPARTMENT—CITY OF BALTIMORE 67 D 7513

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 N Fulton Ave St.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Sauerwald

(Residence in Baltimore: No. 207 N Fulton Ave St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, Oct 15" (Month) (Day), 1864 (Year)

7-AGE, 57 yrs. 9 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

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9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm Sauerwald

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Augusta Sauerwald

(Address) 207 N Fulton Ave

15- AUG 10 1917 HARRY C ANDREWS

Filed....., 191..... Deputy Clerk.....

B Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1917, to Aug 7th 1917, that I saw h... alive on Aug 6th 1917, and that death occurred, on the date stated above, at 11.40 a m.

The CAUSE OF DEATH* was as follows:

.....

.....Enteritis.....

..... (Duration).....yrs.....mos. 23 ds.

CONTRIBUTORY (Secondary) Hemorrhage Brain - Paralysis

..... (Duration)....1..yrs. 8....mos.....ds.

(Signed).....J Alan Ward.....M. D.

Aug 8, 1917. (Address).....1843 N Bethel St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, AUG 10 1917

20-UNDERTAKER Leo A Gerber — ADDRESS Baltimore

B 7517 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7541

CERTIFICATE OF DEATH. 159

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 625 Columbia Av St.) (W Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Akelaitis

(Residence in Baltimore: No. 625 Columbia Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... 21 (Month) ..... (Day) ..... 1877 (Year)

7-AGE, 40 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): 080

9-BIRTHPLACE, (State or Country), Russia

PARENTS.
10-NAME OF FATHER. Joseph Akelaitis
11-BIRTHPLACE OF FATHER (State or Country), Russia
12-MAIDEN NAME OF MOTHER Anase Stanisiute
13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Jos. Akelaitis
(Address) 707 W. Lemmon St

15-
AUG 10 1917
Filed ....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 8. (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry, and that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:
Cerebral Hemorrhage caused by pistol shot in head (Suicide)
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Bowie Carr M. D.
(Coroner)
Aug 7, 1917 (Address) 312 N Carrollton

(State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislovas	Aug. 10, 1917
20-UNDERTAKER	ADDRESS
John Grebliunas	425 S. Paca St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7545

D 7545

HEALTH DEPARTMENT—CITY OF BALTIMORE

40

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3626 Old York Rd ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Graham Watts

(Residence in Baltimore: No. 3626 Old York Rd. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, June 27, 1861
(Month) (Day) (Year)

7-AGE, 56 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Calvert Co. Md.

PARENTS.

10-NAME OF FATHER, Richard R. Graham.

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co. Md.

12-MAIDEN NAME OF MOTHER Susan Emily.

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Graham Watts

(Address) 3626 Old York Rd.

15-

Filed....., 191.. HARRY C. ARMS, Burial Permit Clerk.

....., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 7, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1916, to Aug. 7, 1917, that I saw h.. alive on Aug. 3, 1917, and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. 10 mos. 7 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) Albert T. Shamer M. D.

Aug. 7, 1917. (Address) 101 E. N. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Aug. 10, 1917
20-UNDERTAKER	**ADDRESS**
James Dignan & Son	1005 S. Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7516

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7516

CERTIFICATE OF DEATH.

+104

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl Kaiser

(Residence in Baltimore: No. 519 S 13th St (Highlandtown No.) St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 7, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Kaiser

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Marie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Smith

(Address) Johns Hopkins Hospital

15- AUG 10 1917 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
B Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 9, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1917 to August 9 1917, that I saw h[illegible] alive on August 9 1917, and that death occurred, on the date stated above, at 3 30 a m.

The CAUSE OF DEATH* was as follows:

....Gastro-intestinal indigestion acute.....

.....

.....

..... (Duration).....yrs.....mos. 14 ...ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....Margaret Tyler.....M. D.

Aug 7, 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 519 S 13th St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, Aug 10th, 1917

20-UNDERTAKER John J Fields 1200 W Lombard

ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

D 7517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

D 7517

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 S. Washington ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Shay.

(Residence in Baltimore: No. 413 S. Washington St.; 61 yrs., — mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Aug 3rd (Month) (Day), 1856 (Year)

7-AGE, 61 yrs. — mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John H. Shea.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Campbell.

(Address) 413 S. Washington St

15- AUG 10 1917 HARRY C. ANDREWS

Filed....., 191.. Burial Permit Clerk

B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 9th (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2nd 1917, to Aug 9th 1917, that I saw her alive on Aug. 6th 1917, and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Coma

..... (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

..... (Duration) 2 yrs. ....mos. ....ds.

(Signed) Jacob L. Mason M. D.

8-14, 1917. (Address) 3 E. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwartz & Conn. DATE OF BURIAL, Aug. 12th, 1917.

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S Wash

Spec.—5-19-13—M. & T.—500 Bks.

D 7543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓ D 7543

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 N Fremont av ST.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick J. H. Volkers

(Residence in Baltimore: No. 208 N Fremont av Duration Yrs St.; 46 yrs., 2 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, June 1st, 1871
(Month) (Day) (Year)

7-AGE, 46 yrs. 2 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Painter
(b) General nature of industry, business, or establishment in which employed (or employer) 050

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Volkers

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elsie Volkers

(Address) 208 N Fremont av

15- Filed AUG 10 1917, 191... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 7th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6th 1917, to Aug 7th 1917, that I saw him alive on Aug 6th 1917, and that death occurred, on the date stated above, at 9. a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

About 2 Years (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) John F. Manger M. D.

191... (Address) 1002 Edmondson av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Aug 10th, 1917

20-UNDERTAKER Geo Leimbach & Son — ADDRESS 647 W Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

7549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

7549

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 N. Chester ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Genco

(Residence in Baltimore: No. 217 N. Chester st St.; ..... yrs., 10 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, ... Sept. 13 ....., 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..... yrs. 10 mos. 26 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Gaspare Genco

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Maria Festudine

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gaspari Genco

(Address) 217 N. Chester

15- AUG 10 1917 HARRY C. ANDREWS

Filed....., 191.. Registrar of Vital Statistics

B Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug. 9 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 6 191 7, to Aug. 9 191 7, that I saw h[illegible] alive on Aug 9 191 7, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

..... Colar - pneumonia .....

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] Testa M. D.

....., 191... (Address) 210 Pearl st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincent bur	Aug 10, 191 7
20-UNDERTAKER Philip Herwig	ADDRESS 2016 Aliceanna

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7550

D 7550

CERTIFICATE OF DEATH.

1074

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 N Belnord ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vernon J. Mitchell

(Residence in Baltimore: No. 713 N. Belnord Ave. St.; ..... yrs., 5 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sing.

6-DATE OF BIRTH, Aug. 8, 1917.
(Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Howard H. Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Ruth B. Gardner

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard H. Mitchell

(Address) 713 N. Belnord

15- AUG 10 1917 HARRY C. AN[illegible]

Filed ....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 9, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7 191 7, to Aug 9 191 7
that I saw him alive on Aug 9 191 7
and that death occurred, on the date stated above, at 5:30a m.
The CAUSE OF DEATH* was as follows:

.....

Enteric Colitis

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) M. J. Rosario M. D.

Aug 9, 191.. (Address) 2005 Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore, DATE OF BURIAL, Aug. 11 191.

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

REGISTERED NO. D 7551

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Meeth.

(Residence in Baltimore: No. Catonsville Md. St.; ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 24, 1881.
(Month) (Day) (Year)

7-AGE, 35 yrs. 11 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Dairyman
(b) General nature of industry, business, or establishment in which employed (or employer) Dairy 045

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Henry Meeth.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Fribbe.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emelie E. Meeth

(Address) Catonsville Md.

15-

AUG 10 1917 HARRY C. ANDREWS

Filed....., 191.... Local Registrar Clerk

B Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1917, to Aug 8 1917, that I saw h in alive on Aug 8 1917, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia of Septic origin

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Suppurative peri-
Otitis (Duration) yrs. mos. 7 ds.

(Signed) B B Brumbaugh M. D.

Aug 8, 1917. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Catonsville Md.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug 12, 191.

20-UNDERTAKER Jas B Cook — ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7552

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7552

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2538 Frederick Ave St.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Taylor

(Residence in Baltimore: No. 2538 Frederick Ave St.; 73 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Oct — ....., 1843
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
73 yrs. 10 mos. — ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stationery 045
(b) General nature of industry, business, or establishment in which employed (or employer)..... Store for self

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Hezekiah F. Taylor

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Roberta F. Taylor

(Address) 2538 Frederick Ave

15- AUG 10 1917 HARRY C. ANDREWS

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 7th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1916, to Aug 7th 1917, that I saw h[im] alive on Aug 7th 1917, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Probably (Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Maxwell M. D.

8/8, 1917. (Address) 4207 Fredk Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mount Olivet	Aug. 10, 1917

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Balto St

Spec.—5-19-13—M. & T.—500 Bks.

D 7553

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7553

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2335 S. Dallas ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Tubman

(Residence in Baltimore: No. 2335 S Dallas St.; yrs., 2 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Feb 6 (Month) (Day), 1880 (Year)

7-AGE, 29 yrs. 6 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Worker
(b) General nature of industry, business, or establishment in which employed (or employer)..... packinghouse

9-BIRTHPLACE, (State or Country), Annerundel Co Md.

PARENTS.

10-NAME OF FATHER, Henry C Kellem

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Mary Hall

13-BIRTHPLACE OF MOTHER (State or Country), Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary A. Tubman

(Address) 2335 S. Dallas St

15- AUG 10 1917

Filed....., 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 8 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 191 7, to August 8 191 7, that I saw h er alive on Aug. 4 191 7, and that death occurred, on the date stated above, at 8 15 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Richard L. Eyerly M. D.

Aug. 8, 191 7 (Address) 1517 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury

DATE OF BURIAL, Aug. 10, 1917

20-UNDERTAKER John W Henderson

ADDRESS 317 Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

D 7551

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

D 7551

REGISTERED NO. C 18 28

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 112 Addison Alley St.; WARD)

2-FULL NAME Mrs Helen Lochner.

(Residence in Baltimore: No. 112 Addison Alley St.; 42 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1871
(Month) (Day) (Year)

7-AGE, 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Furniture Dr
(b) General nature of industry, business, or establishment in which employed (or employer): wagon liner

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER, Wm Lochner

11-BIRTHPLACE OF FATHER (State or Country), Saxony

12-MAIDEN NAME OF MOTHER Louise Stewpert

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Shaker

(Address) 112 Addison Alley

15. AUG 10 1917

Filed ..... 191.....

HARRY D. ANDREWS
Burial Permit Clerk

13. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1917, to Aug 8 1917, that I saw h alive on Aug 7 1917, and that death occurred, on the date stated above, at 9 16 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. G. Nuelsen M. D.

Aug 10, 1917. (Address) 612 Caledonia St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem

DATE OF BURIAL. Aug 12, 191 7.

20-UNDERTAKER M. L. Filgner

ADDRESS 1422 Light St

D 7355

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7355

1 PLACE OF DEATH — REGISTERED No. C 1024

CITY OF BALTIMORE: (No. 1008 William ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reed Talson

(Residence in Baltimore: No. 1004 William St. St., 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 16 (Day), 1917 (Year)

7-AGE: yrs. 1 mos. 25 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Perry E. Talson

11-BIRTHPLACE OF FATHER (State or country): Solomons Md

12-MAIDEN NAME OF MOTHER: Mary A. Waters

13-BIRTHPLACE OF MOTHER (State or country): Solomons Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Perry Tolson

(Address) 1008 Wm. St

15-

Filed ..... 191 .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12, 1917, to Aug 9 1917, that I saw h— alive on Aug 9 1917, and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Illio Colitis +
(Mall assimilation)

(Duration) yrs mos ds.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed) C Hann M. D.

Aug 10 1917 [Address] 1234 Eutaw St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Md Solomons Island — DATE OF BURIAL aug 12, 1917

20-UNDERTAKER M. J. Flynn — ADDRESS 1423 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~D 7550~~ D 7556

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert ST.; 15 WARD) REGISTERED NO. C 30

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Broome

(Residence in Baltimore: No. 1336 Carey St. St.; 66 yrs. 1 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widower

6-DATE OF BIRTH. June (Month) 15 (Day) 1851 (Year)

7-AGE. 66 yrs. 1 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Odd

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jacob

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER A. A. Johns

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Burroughs

(Address) 1336 N Carey St.

15- AUG 10 1917 HARRY C. ANDREWS

Filed ....., 191... Deputy Register Clerk

B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 23 1917, to Aug 4 1917, that I saw h im alive on Aug 8 1917, and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)* Coma diabetic (Duration) 2 yrs. mos. 12 ds.

(Signed) Edward Dennis M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 16 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? In Balto City

Former or usual residence 1336 Carey St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemetery	Aug 11 1917
20-UNDERTAKER	ADDRESS
James N. Dennis	1303 Frenstreet

D 7557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 204 Arlington ave ST.; 18 WARD)
REGISTERED No. C 104 : D 7557

2-FULL NAME Jerome Payne
(Residence in Baltimore: No. 204 Arlington ave St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	S/G

6-DATE OF BIRTH, July (Month) 10 (Day), 1917 (Year)

7-AGE, ...yrs. 30 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Odd

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER, Jerd Payne
11-BIRTHPLACE OF FATHER (State or Country), Maryland
12-MAIDEN NAME OF MOTHER Lucie Sewell
13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lucie Payne
(Address) 204 arlington ave

15- AUG 10 1917
Filed ....., 191..
HARRY C. ANDREAS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Broncho-Enteritis-Colitis
(Duration) ....yrs. ....mos. 2 ds.
CONTRIBUTORY (Secondary) Autointoxication
(Duration) ....yrs. ....mos. 4 ds.
(Signed) James M Renton M. D.
Aug 10 1917 (Coroner)
(Address) 1005 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Aug 12 1917
20-UNDERTAKER Brown & Freeland	ADDRESS 114 N. Schroder St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 79

D 7553

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 W. Fayette ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Henry Stuart

(Residence in Baltimore: No. 1120 W Fayette St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, May 1, 1862 (Month) (Day) (Year)

7-AGE, 55 yrs. 3 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pharmacist
(b) General nature of industry, business, or establishment in which employed (or employer): 025

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Stuart

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Clara

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katharine L. Stuart

(Address) 1120 W Fayette St

15-

Filed AUG 11 1917, 191.... HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 9, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16 1916, to Aug 9 1917, that I saw him alive on Aug 9 1917, and that death occurred, on the date stated above, at 5-15 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

Following Rheumatism

Fever

(Duration) 1 yrs. 10 mos. — ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(Duration) — yrs. 7 mos. 2 ds.

(Signed) Henry C. Otte M. D.

Aug. 9, 1917. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cemetery	Aug. 13, 1917.
20-UNDERTAKER	ADDRESS
John O Mitchell	1201 W Fayette St.

Spec.—5-19-13—M. & T.—500 Blks.

D 7559

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7559

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 W. Baltimore St.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George P Cook

(Residence in Baltimore: No. 1227 W. Baltimore St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug. (Month) 2 (Day), 1853. (Year)

7-AGE, 64 yrs. 0 mos. 7 ds.

If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) 004

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Martin Cook

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Elizabeth Bentz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. G. P. Cook

(Address) 1227 W. Baltimore St.

15- Filed AUG 11 1917, 191... HARRY C. ANDREWS Registrar. Burial Permit Clark.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1. 1917, to Aug 9. 1917, that I saw him alive on Aug 8. 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 2 yrs. mos. 7 ds.

(Signed) H. Wilson M. D.

8.10., 1917 (Address) 1733 Hillen St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. in the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug. 11., 1917

20-UNDERTAKER John C. Mitchell — ADDRESS 1207 E. Fayette St.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7560

CERTIFICATE OF DEATH.

28 D 7560

1-PLACE OF DEATH St. Elizabeth's

CITY OF BALTIMORE: (No. ..... St.: ..... WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Dixon

(Residence in Baltimore: No. Ft. Elizabeth's St.; ..... yrs., 5 mos., 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Negro

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, ... Feb. (Month) 25 (Day), 1917 (Year)

7-AGE, ... yrs. 5 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- AUG 11 1917 HARRY C. ANDERSON

Filed ....., 191... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1917, to Aug 7 1917, that I saw him alive on Aug 7 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Goldberg M. D.

8/8, 1917. (Address) 2031 W Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 5 mos. 12 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, AUG 9 1917, 191...

20-UNDERTAKER

ADDRESS

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7561

CERTIFICATE OF DEATH.

28 D 7561

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3607 Garrison Ave St.; 15 WARD)

REGISTERED No. C

2-FULL NAME Annie C Della

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 3607 Garrison Ave St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Nov (Month) 13 (Day) 1860 (Year)

7-AGE, 56 yrs. 8 mos. 26 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Northampton Co. Va

PARENTS.

10-NAME OF FATHER, Arthur Roberts

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lavinia Andrews

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William R. Della

(Address) 3607 Garrison Av

15- Filed AUG 11 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 8th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7th 1917, to Aug 8th 1917, that I saw her alive on August 8th 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(about 8 years)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm T Lockwood M. D.

Aug 10th 1917 (Address) 8 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL AUG. 11 1917

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light St

D 7562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

D 7562

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1811 Fleet St ST.. 2 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antoni Olszenski

(Residence in Baltimore: No. 1811 Fleet St St.: 27 yrs.,, - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Marri

6-DATE OF BIRTH, ... Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, ... yrs..... mos..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... Laborer (b) General nature of industry, business, or establishment in which employed (or employer)..... 040

9-BIRTHPLACE, (State or Country), Russian Poland

PARENTS.

10-NAME OF FATHER, Jno Olszenski

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Olszenski

(Address) 1811 Fleet St

15- AUG 11 1917 HARRY O. ANDREWS Burial Permit Clerk

Filed ....., 191. ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug ..... 10 ....., 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... inquisition ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) inquisition find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cancer (Stomach)

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... (Coroner.) ..... M. D.

Aug 10, 1917 (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus, DATE OF BURIAL, Aug 13, 1917

20-UNDERTAKER W F. Sadowski ADDRESS 705 S. Ann.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7563 — 408 — D 7563

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Flora Burdett

(Residence in Baltimore: No. 4 days in Hospital St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 11 (Month) ... (Day), 1899. (Year)

7-AGE, 18 yrs. 3 mos. ... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Geo. Burdett (dead)

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Violet Mullinix

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hosp. Record

(Address) .....

15- AUG 11 1917 Filed, ..., 191.... HARRY C. ANDREWS BURIAL PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 11 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8 1917, to Aug 11 1917, that I saw her alive on Aug 11 1917, and that death occurred, on the date stated above, at 12 66 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
following operation for
gangrenous appendix
(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency
(Duration) ... yrs. ... mos. 1 ds.

(Signed) G. R. Michlethwaite M. D.

Aug. 11, 1917. (Address) U P D

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Mt. Airy, Md.

19-PLACE OF BURIAL OR REMOVAL, Mt Airy Md — DATE OF BURIAL, Aug 11, 1917

20-UNDERTAKER E. T. B. Hale — ADDRESS 115 E Main St

13

Spec.—8-24-14—M. & T.—2000 Bks.

D 7561

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 7561

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 565 Longwood ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Louis Engle

(Residence in Baltimore: No. 565 Longwood St. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Sngl

6-DATE OF BIRTH, May (Month) 13 (Day), 1917 (Year).

7-AGE, yrs. 2 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Frederick W Engle

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Emilia Undeck

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred. W. Engle

(Address) 565 Longwood St.

15- AUG 11 1917 HARRY [illegible] Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 9 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1917, to Aug 9 1917, that I saw him alive on Aug 9 1917, and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Intestinal Intoxication

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard W Jones M. D.

Aug 9, 191 7. (Address) Irvington Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cem.	Aug 11th, 1917.
20-UNDERTAKER Charles H. Dill.	ADDRESS 3109 Fourth Ave

Spec.—8-24-14—M. & T.—2000 Blks.

7565 HEALTH DEPARTMENT—CITY OF BALTIMORE 7565

CERTIFICATE OF DEATH.

REGISTERED No. C 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 Beason ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Marie Sauers

(Residence in Baltimore: No. 1300 Beason St.; 1 yrs, mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH, 7-5-16 (Month) (Day) 1916 (Year)

7-AGE, yrs. 1 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Frederick Sauers

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Perkins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Sauers

(Address) 1300 Beason St.

15- AUG 11 1917 HARRY C. ANDREWS

Filed ....., 191.. Special Deputy Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1917, to Aug 10 1917, that I saw her alive on Aug 10 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Acute Entero-Colitis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Agustus Diel M. D.

Aug 10, 1917 (Address) 1433 Wombold St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bachmans Cemetery	Aug 12 1917
20-UNDERTAKER	ADDRESS
Geo W Fully	1306 Pitcher

Spec.—8-24-14—M. & T.—2000 Bks.

D 7566

HEALTH DEPARTMENT—CITY OF BALTIMORE

113

D 7566

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 N Fremont Ave St.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm D Rust

(Residence in Baltimore: No. 1131 N Fremont Ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 11, 1847
(Month) (Day) (Year)

7-AGE, 69 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Oil

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER Henry Rust

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Mary M Mettee

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm D Rust Jr.

(Address) 113 N Fremont Ave

15- Filed AUG 11 1917, 191. HARRY C. ANDREWS Burial Permit Clerk W.B.S. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 11th, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1917, to Aug 11th 1917, that I saw h[illegible] alive on Aug 10th 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. L. Wintemen M. D.

Aug 11th, 191.7 (Address) 530 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug 14 191.7

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 7567

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7567

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2029 Eagle St. St.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Izzy Miller

(Residence in Baltimore: No. 2029 Eagle St St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	

6-DATE OF BIRTH, Jan. (Month) 15 (Day), 1917 (Year)

7-AGE, ...yrs. 8 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), 2029 Eagle St.

PARENTS.

10-NAME OF FATHER, Israel Miller

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Kate Kaminsky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 2029 Eagle St

15- AUG 11 1917 HARRY C. ANDREAE Registrar of Vital Statistics

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8-3 1917, to 8 11 1917, that I saw h— alive on 8 10 1917, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum (Summer Diarrhea)

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) Harry Goldberg M. D.

8-11-, 1917. (Address) 2031 E Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Workmens Cem. DATE OF BURIAL, 8/12, 1917

20-UNDERTAKER Jack Levis ADDRESS 1411 E Baltimore St

Spec.—8-24-14—M. & T.—2000 Blks.

D 7568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7568

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Bright

(Residence in Baltimore: No. 1707 N Pratt St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... July (Month) 27 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 10 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Daniel Bright

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Christler

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Christler

(Address) 1707 N Pratt St

15-

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to Aug 9 1917, that I saw him alive on Aug 9 1917, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Diarrhea Cause
Indigestion

..... (Duration) Ns. yrs. ns. mos. 21 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Raymond S. Plume M. D.

Aug 10, 1917. (Address) 1st Lorraine Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lorraine Cem	Aug 12, 1917.)
20-UNDERTAKER	ADDRESS
Josiah Lyter	1607 W North Ave

D 7569

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

4 108 D 7569

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 649 Raborg St. St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Butler Beard.(C)

(Residence in Baltimore: No. 649 Raborg St.

St.: 111 yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored.	Single.

6-DATE OF BIRTH, Do not know. (Month), (Day), 1 (Year)

7-AGE, 36 yrs. -- mos. -- ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer in 040
(b) General nature of industry, business, or establishment in which employed (or employer): Fertilizing factory

9-BIRTHPLACE, (State or Country), Florida.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country), Do not know.

12-MAIDEN NAME OF MOTHER, Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Wright.(C)

(Address) 649 Raborg St.

15- Filed AUG 11 1917, 191 Burial Permit Clerk

WBS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 9th. 1917. (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Appendicitis.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Otto M Reinhardt M. D.

Aug.10.1917. (Address) 1017 S.Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, ..., 19....

20-UNDERTAKER, Geo H Stookey — ADDRESS

D 7570

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 7570

CERTIFICATE OF DEATH

REGISTERED NO. C 37

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 W. Henrietta St. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Arthur H. Weller

(Residence in Baltimore: No. 111 W. Henrietta St.; 29 yrs. 0 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 30th (Day) 1888 (Year)

7-AGE: 29 yrs. 0 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): 0.9

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Henry A. Weller

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Amelia Fisher

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry A. Weller

(Address) 111 W. Henrietta St.

15- AUG 11 1917 HARRY [illegible]

Filed ..... 191 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 9th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1915, to, Aug 9, 1917, that I saw h[illegible] alive on August 9th 1917, and that death occurred, on the date stated above, at 10 [illegible] m.

The CAUSE OF DEATH* was as follows:

Meningitis

(Chronic Syphilitic)

(Duration) 8 yrs 2 mos ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos ..... ds.

(Signed), James V. Clarke M. D.

August 11/1917 [Address] 52 W. Chase St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Aug. 13th 1917

20-UNDERTAKER: C. Schuloman & Son

ADDRESS 1039 Hanover St.

Spec.—3-24-14—M. & T.—2000 Blks.

D 7571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920 D 7571

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2523 W. North Ave. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeanette Elliot

(Residence in Baltimore: No. 2523 W. North Ave. St.; Lifetime, yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. June (Month) 16th. (Day), 1885 (Year)

7-AGE, 32 yrs. 1 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Baltimore,

PARENTS.

10-NAME OF FATHER, Louis Elliot

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Amanda Harman.

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Abraham Harman.
(Address) 2523 W. North Ave.

15- AUG 11 1917 HARRY C. ARCHER
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 10th. (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 191 7, to Aug 10 191 7, that I saw h[illegible] alive on Aug 10 191 7, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Chronic parenchymatous nephritis,

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) [signature] M. D.

Aug 11, 191 7 (Address) 30 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Ohab Sholam Cem. DATE OF BURIAL. Aug 13 191 7

20-UNDERTAKER David Dondheim ADDRESS 1110 W. Royal Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 7572

HEALTH DEPARTMENT—CITY OF BALTIMORE

30 D 7572

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: / WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Mackowaik

(Residence in Baltimore: No. 406 S. Rose St St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 3 (Day) 1913 (Year)

7-AGE, 4 yrs. 1 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Steve Mackowaik

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Cook

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. Smyth

(Address) Johns Hopkins Hospital

15- AUG 11 1917 HARRY C. ARCHER

Filed....., 191..... Registrar.

Burial Je...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1917, to August 11 1917, that I saw her alive on August 11 1917, and that death occurred, on the date stated above, at 8 "a" m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(Duration).....yrs.....mos. 23 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Henry B. Conrad M. D.

Aug. 11., 191.7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 15 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 406 S Rose St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Mary's Cem	aug 13, 191.7
20-UNDERTAKER Stephen J. Fialkowski	ADDRESS 1019 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

D 7573

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7573

CERTIFICATE OF DEATH.

164

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2640 Bernard ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. E. Grimm

(Residence in Baltimore: No. 2640 Bernard St. St.; 2 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) Jan 29 (Day), 1854 (Year)

7-AGE, 62 yrs. 6 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jacob Grimm

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Wartz

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. E. Grimm Jr

(Address) 36 N. Fulton Ave

15-

Filed AUG 11 1917, 191.... HARRY D. ENGLE, Special Deputy Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1917, to Aug 10 1917, that I saw h[e] alive on Aug 10 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Ptomaine Poisoning

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac failure

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) R. B. Norment M. D.

Aug 11, 1917. (Address) 3547 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hampden

DATE OF BURIAL, Aug 12, 1917

20-UNDERTAKER Ehrenwerth & Son

ADDRESS Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7574

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3620 Springdale Ave. ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Dunn

(Residence in Baltimore: No. 3620 Springdale Ave. St.; 64 yrs., 10 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, September 13 1852, 1 (Month) (Day) (Year)

7-AGE, 64 yrs. 10 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Thomas Nelligan

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary Donohue

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. Wm. Sullivan

(Address) 2026 Mt. Royal Terrace

15- Filed AUG 11 1917 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 10, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7 1917, to Aug 10 1917, that I saw her alive on Aug 10 1917, and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Pernicous Anemia

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Pancr. Nephritis

(Duration) do not Know yrs. mos. ds.

(Signed) Wm. R. Grasty M. D.

Aug 11, 1917. (Address) 1237 N. Carolina

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cmty. DATE OF BURIAL. 8/13, 191.7

20-UNDERTAKER Henry W. Meagher Sons ADDRESS 1051 N. Carey

...—8-24-14—M. & T.—2000 Bks.

D 7575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

102 D 7575

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 N. Luzerne St. ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene J. Cronin

(Residence in Baltimore: No. 1313 N. Luzerne St. St.; 34 yrs., 5 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March 4, 1883 (Month), 1 (Day) (Year)

7-AGE, 34 yrs. 5 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Cornelius E. Cronin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth M. McDonald

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. A. Cronin

(Address) 2719 N. Charles St.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 10, (Day) 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 191 , to Aug 10 191 , that I saw h[illegible] alive on Aug 10 191 , and that death occurred, on the date stated above, at 4.50 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastritis chr.

(Duration) 7 yrs. mos. ds.

(Signed) Wm H. Magruder M. D.

8/10, 191 (Address) 1536 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Aug 13, 191
20-UNDERTAKER Henry W. Maas & Son	ADDRESS 1025 N. Calvert St

D 7576

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

D 7576

REGISTERED No. C .....

1 PLACE OF DEATH 241 Canal Alley

CITY OF BALTIMORE (No. ~~241 Canal St.~~ ST.: 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frank Smith (C)

(Residence in Baltimore: No. 241 Canal St. St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: Blk

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: June 4 th, 1917 (Month) (Day) (Year)

7 AGE: ..... yrs. 7 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 800

9 BIRTHPLACE (State or country): Balto city.

PARENTS

10 NAME OF FATHER: Frank Smith

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Rhembolton

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Smith

(Address) 241 Canal St

15 AUG 12 1917 HARRY C. ANDREWS

Filed ....., 191... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. (Month) 10 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 25th, 1917. to. Aug 8 1917. that I saw h... alive on Aug 8th, 1917. and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea

(Duration) 0 yrs. 7 mos. 6 ds

Contributory (SECONDARY) Malnutrition Poor Care

since birth (Duration) ..... yrs. 7 mos. 6 ds.

(Signed) S.A. Dodds M. D.

Aug 11, 1917 (Address) 3101 Clifton Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Pt Covington — DATE OF BURIAL: Aug 12, 1917

20 UNDERTAKER: Wm. E. Uzzle — ADDRESS: 916 Penna ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7577

CERTIFICATE OF DEATH.

D 7577

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 Vine ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Ross

(Residence in Baltimore: No. 819 Vine St.; .....yrs., 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 20, 1917
(Month) (Day) (Year)

7-AGE, 4 yrs. 4 mos. 21 ds.

If LESS than 1 day, ...hrs. or 1 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Nathaniel Ross

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susan Lavinia Ophes

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan Lavinia Ross

(Address) 819 Vine St

15- Filed AUG 12 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9 1917, to Aug 10 1917, that I saw her alive on Aug 10 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

1st Cholera Infant
Marasmus Enteritis Colitis

(Duration) 1 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Infection from food

(Duration) yrs. mos. 7 ds.

(Signed) Edward Stark M. D.

Aug 11, 191.7 (Address) 181 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug. 11, 1917

20-UNDERTAKER Brown & Leland — ADDRESS 1140 W Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7578

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 762 W. Hamburg st 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Schweinsberg

(Residence in Baltimore: No. 762 W. Hamburg St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) S.

6-DATE OF BIRTH, June 19, 1917 (Month) (Day) (Year)

7-AGE, yrs. 1 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Reinhard Schweinsberg

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia Hoch

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Reinhard Schweinsberg

(Address) 762 W Hamburg st

15-

Filed AUG 12 1917, 191.... HARRY O. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 11, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1 1917, to Aug 11 1917, that I saw h.. alive on Aug 11 1917, and that death occurred, on the date stated above, at 12 4 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Mal Nutrition

(Duration) yrs. 7 mos. ds.

(Signed) Hugh Kerr Blair M. D.

Aug 11, 191... (Address) 727 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL. Aug 12, 191 7

20-UNDERTAKER James Dignan & Son

ADDRESS 1000 S Paca St

D 7579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161 D 7579

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Johns Hopkins Hospital St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Caldwell

(Residence in Baltimore: No. 1027 Hanover St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Married

6-DATE OF BIRTH, Unknown 1 ..... (Month) (Day) (Year)

7-AGE, 44 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). 040

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Simpson

(Address) 723 W Lafayette Ave

15- Filed AUG 12 1917 191.. Burial Permit Clerk
AUG 12 1917
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

Duration ..... yrs. ..... mos. 4 ds.

(Signed) Wm. H. Jones M. D. (Coroner.)

Aug. 11, 1917 (Address) 11 E. Pleasant St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	Aug 13, 1917
20-UNDERTAKER	ADDRESS
McClaw & Jones	

Spec.—8-24-14—M. & T.—2000 Blks.

D 7580

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

D 7580

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Womans Hosp.

REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Vaiian

(Residence in Baltimore: No. Womans Hospital. City. St.; ..... yrs., ... mos. 13 hrs. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Aug 11 17, 17
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 13 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Womans Hospital Md.

PARENTS.

10-NAME OF FATHER, Horace Lytton Vaian

11-BIRTHPLACE OF FATHER (State or Country), U.S. Maryland.

12-MAIDEN NAME OF MOTHER Edith May Linton

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia L. Pfaffer

(Address) Womans Hospital

15-

Filed AUG 12 1917, 191.... HARRY C. ARMSTRONG Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 12, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 11 1917, to Aug 12 1917, that I saw h er alive on Aug 12 1917, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Maternal premature labor

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Non development of child pulmonary oedema

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harbin M. Clark M. D.

Aug. 12, 1917. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug 14, 1917.

20-UNDERTAKER C. H. McCormick — ADDRESS 1931 W Fay

Spec.—8-24-14—M. & T.—3000 Blks.

D 7581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 D 7581

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2109 Atlantic Ave St.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Reese

(Residence in Baltimore: No. 2109 Atlantic Ave - St.; 80 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ widow (Write the word.)

6-DATE OF BIRTH, September (Month) 29 (Day), 1830 (Year)

7-AGE, 86 yrs. 10 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....000
(b) General nature of industry, business, or establishment in which employed (or employer) House work at home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Chas. Gabler.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margarella Wetzel

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizette W. Reese

(Address) 2109 Atlantic Av.

15-

Filed AUG 12 1917, 191.....

HARRY C. ARCHER
DEPUTY REGISTRAR

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 11 (Day); 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12, 1917, to Aug. 10 1917, that I saw h~~er~~ alive on Aug. 10 1917, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Acute enteritis

(Duration) .....yrs. .....mos. 13 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) O Edw. Janney, M. D.

....., 191... (Address) 1307 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St. Johns (Waverly)	Aug. 13th, 191.7.
20-UNDERTAKER	ADDRESS
Geo. Schilling & Sons	1126 Monument St

D 7582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 19 D 7582

CITY OF BALTIMORE (No. Rear 2000 Smallwood ST.: 15th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Arthurah Brown

(Residence in Baltimore: No. Rear 2000 Smallwood St.: 46 yrs. — mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH July (Month) 27 (Day), 1871 (Year)

7-AGE 46 yrs. mos. 13 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Painter
(b) General nature of industry, business, or establishment in which employed (or employer): 050

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER James H. Brown

11-BIRTHPLACE OF FATHER (State or country) Virginia

12-MAIDEN NAME OF MOTHER Annie C. Schultz

13-BIRTHPLACE OF MOTHER (State or country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Helene Brown

(Address) Rear 2000 Smallwood St

15. Filed AUG 12 1917, 191 HARRY C. ARCHER Deputy Health Officer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH August (Month) 10 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1916, to, Aug 10 1917.
that I saw h-in alive on Aug 11, 1917.
and that death occurred, on the date stated above, at 3 P. m.
The CAUSE OF DEATH* was as follows:

Valvular disease of heart
Mitral Regurgitation

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY) Pulmonary Edema 12 hrs

(Duration) yrs. mos. ds

(Signed). Wm. Grant M. D.

8/10, 1917 (Address) 1925 N Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Mt Olivet | DATE OF BURIAL: Aug 13, 1917

20-UNDERTAKER: Martin Fahey Sons | ADDRESS: 1101 Lafayette Ave

Misc.—5-19-17—M. & T.—600 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7583

CERTIFICATE OF DEATH.

D 7583

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2729 Presbury St. St.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leora E Simanus

(Residence in Baltimore: No. 2729 Presbury St St.; 2 yrs., — mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Aug 1, 1915. (Month) (Day) (Year)

7-AGE, 2 yrs. mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... 600

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Edward E Simanus

11-BIRTHPLACE OF FATHER (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Sallie Pettivord

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward E Simanus

(Address) 2729 Presbury st

15- AUG 12 1917 HARRY C. ANDREWS Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 10, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 191, to ....., 191, that I saw h alive on ....., 191, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

15 hours (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Profound toxaemia

(Duration) ... yrs. ... mos. ... ds.

(Signed) J T Kogan M. D.

....., 191.. (Address) Health Dept.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hampden. DATE OF BURIAL, Aug. 12 1917.

20-UNDERTAKER W E Gosson ADDRESS 705 W 37th St

Spec—5-19-13—M. & T.—500 Blks.

D 7584

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 7584

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2729 Presbury St 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth E Simmons

(Residence in Baltimore: No. 2729 Presbury St St.; yrs., 7 mos., 14 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word.) Single

6-DATE OF BIRTH, Dec 28, 1916
(Month) (Day) (Year)

7-AGE, ~~Yrs.~~ 7 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Edward Simmons

11-BIRTHPLACE OF FATHER (State or Country) Balto City

12-MAIDEN NAME OF MOTHER Sallie Pettigord

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Simmons

(Address) 2729 Presbury

15- Filed AUG 12 1917, 191... HARRY C. ANDREWS Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 191, to 191,

that I saw h alive on 191,

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

15 hours
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Profound toxaemia

(Duration) yrs. mos. ds.

(Signed) J. J. Logan M.D.

191... (Address) Health Dept

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, Aug 12, 1917

20-UNDERTAKER W E Gosson — ADDRESS 1537 67 St

D 7585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 D 7585

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1624 Orootman ST.: 15 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hacket

(Residence in Baltimore: No. 1624 Orootman St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col'd	Single

6-DATE OF BIRTH, Aug. 10, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, John Hacket

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C Berkum

(Address) 624 Mosman

15-

Filed AUG 12 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Iron Colitis

Tuberculosis

Brain

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration).....yrs.....mos.....ds.

(Signed) C Berkum M. D.
(Coroner)

Aug. 12, 191.. (Address) 624 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cem	Aug 12, 1917

20-UNDERTAKER Edward Ringgold ADDRESS 1423 Carey St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 7586

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1442 Morton ST.; 11 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Briscoe

(Residence in Baltimore: No. 1442 Morton St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	Col	Single

6-DATE OF BIRTH, May 29, 1916. (Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(h) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Balt.

PARENTS.

10-NAME OF FATHER, Chas. Briscoe

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Florence Powell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Briscoe

(Address) 1442 Morton St

15- Filed ..... 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 10, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from aug 7. 1917, to aug 10. 1917, that I saw h[illegible] alive on aug 8. 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Mal nutrition

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) H+T weakness

(Duration) yrs. mos. ds.

(Signed) W. W. Pearsall M. D.

aug 11, 1917. (Address) 2105 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Clutrow Cem	Aug 11 191 7

20-UNDERTAKER Samuel Stemley ADDRESS 30 S W Balto

D 7587

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1917 D 7587

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Cairo St.; 19 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos E. Baker

(Residence in Baltimore: No. 1703 Cairo St.; 70 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: — 1842 — (Month) (Day) (Year)

7-AGE: 75 yrs. — mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: not any.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Carroll Co Md.

PARENTS

10-NAME OF FATHER: John T Baker

11-BIRTHPLACE OF FATHER (State or country): Carroll Co Md

12-MAIDEN NAME OF MOTHER: not known

13-BIRTHPLACE OF MOTHER (State or country): Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John T Baker

(Address) 1204 Druid Hill Ave

15- Filed ..... 191 .....

AUG 12 1917 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug. 10 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8, 1917, to, Aug 10 1917, that I saw h.. alive on Aug 9 1917, and that death occurred, on the date stated above, at 6.20 P.M.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis (Duration) — yrs. — mos. 3 ds.

Contributory (SECONDARY) Interstitial Nephritis (Duration) Unknown

(Signed) F. C. Linthicum M. D.

Aug 10 1917 [Address] 1513 W North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Aug 11 1917

20-UNDERTAKER: Samuel Frumley

ADDRESS: 5th & Biddle

Spec.—8-24-14—M. & T.—2000 Bks.

D 7588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D. 7588

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 755½ Mulberry ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Ignatius Brown

(Residence in Baltimore: No. 755½ Mulberry St.; ....yrs., ...mos., ...ds.) Life in City.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 12, 1872
(Month) (Day) (Year)

7-AGE, 45 yrs. 4 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George H Brown

11-BIRTHPLACE OF FATHER (State or Country), St Marys Co Md

12-MAIDEN NAME OF MOTHER, Hannah Gough

13-BIRTHPLACE OF MOTHER (State or Country), St Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Carter

(Address) 1209 Druid Hill Ave

15-Filed Aug 12 th, 191.. H C Cundiff Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 9, 1917.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 29 1917, to Aug 9 1917, that I saw h[im] alive on Aug 9 1917, and that death occurred, on the date stated above, at 9 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Uremia

(Duration) ....yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. F. Wright M. D.

Aug 10, 191.. (Address) 1209 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, Aug 13, 191..

20-UNDERTAKER Samuel J Kennedy

ADDRESS 578 N Eden

Spec.—8-24-14—M. & T.—2000 Bks.

D 7589

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7589

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 Riverside Ave ST.: 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina Isenmershausen

(Residence in Baltimore: No. 1227 Riverside Ave St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 7 (Day), 1857 (Year)

7-AGE, 60 yrs. 3 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Bernard Scheue

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Myers

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Isenmershausen

(Address) 1227 Riverside Ave

15- Filed, AUG 17 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3 1917, to Aug 9 1917, that I saw her alive on Aug 9 1917, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, pleurisy followed by empyema and operation

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm E Stifler M. D.

Aug 9, 191.7 (Address) 1317 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem DATE OF BURIAL, Aug 13, 191.7

20-UNDERTAKER E & B Hahn ADDRESS #115 E West St

D 7590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100

D 7590

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1319 Light St. ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J.Hoffman.

(Residence in Baltimore: No. 1436 Light St.

St.: 44 yrs., 7 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH, December 16th. 1872, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
44 yrs. 7 mos. 24 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plasterer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Hoffman.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Caroline.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Emma Hoffman.(wife)
(Address) 1436 Light St.

15-
Filed....., 191...
Registrar.

AUG 12 1917
HARRY O. ...
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 9th. 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Parenchymatous Tonsilitis.
Rupture of Abscess.
(Duration) ...yrs...mos...ds.
CONTRIBUTORY (Secondary) Strangulation.
(Duration) ...yrs...mos...ds.

(Signed) Otto M. Fernandez M. D.
(Coroner.)
Aug. 10, 1917. (Address) 1017 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Aug. 12. 1917
20-UNDERTAKER M. J. Flynn ADDRESS 1422 Light

Spec.—8-24-14—M. & T.—2000 Bks.

D 7591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10⁵ D 7591

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-26 N Carey ST.; 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustas Gross

(Residence in Baltimore: No. 15-26 N. Carey St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 9, 1890
(Month) (Day) (Year)

7-AGE 26 yrs. 10 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 046

9-BIRTHPLACE, (State or Country), Ind

PARENTS.

10-NAME OF FATHER, John Gross

11-BIRTHPLACE OF FATHER (State or Country). Ind.

12-MAIDEN NAME OF MOTHER Mariah Simms

13-BIRTHPLACE OF MOTHER (State or Country). Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Gross

(Address) 1526 N. Carey St.

15- Filed AUG 12 1917, 191.... HARRY C. ANDERS DEPUTY REGISTRAR
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8/6 191.., to 8/10 191.., that I saw h.. alive on 8/10 191.., and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

a Gastro-Enteritis

(Duration)....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Ex haustion

(Duration)....yrs.....mos.....ds.

(Signed) B. M. Chetta M. D.

8/11, 191.. (Address) 739 N. Wolfe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel — DATE OF BURIAL. Aug 13, 1917

20-UNDERTAKER George H. Holland — ADDRESS 1631 Mount Hill Ave

D 7592

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7592

1-PLACE OF DEATH — REGISTERED No. C 120

CITY OF BALTIMORE (No 1640 E Eager St. 7 WARD)

2-FULL NAME Sarah Gerlach

(Residence in Baltimore: No. 1640 E Eager St.; — yrs. — mos. — ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH Unknown, 1850 (Month) (Day) (Year)

7-AGE 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Washington D. C.

PARENTS

10-NAME OF FATHER Not Known

11-BIRTHPLACE OF FATHER (State or country) Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or country) Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Gerlach

(Address) 1640 E Eager

15. Filed AUG 12 1917, 191 HARRY S. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug 10, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1917, to, Aug 10 1917, that I saw h-er alive on Aug 10, 1917, and that death occurred, on the date stated above, at 6.50 P. m.
The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) P. Russell Neal M. D.

8/11, 191 7 (Address) 2311 Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Baltimor Cemetery — DATE OF BURIAL Aug 13, 1917

20-UNDERTAKER Henry Lutz — ADDRESS 1007 N. Bond St

Spec.—8-24-14—M. & T.—2000 Bks.

D. 7593

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7593

CERTIFICATE OF DEATH.

4

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Baker St ST.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Abrams

(Residence in Baltimore: No. 610 Baker St St.; 45 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, 7 (Month) 16 (Day), 1872 (Year)

7-AGE, 45 yrs. 10 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

9-BIRTHPLACE, (State or Country), Calvert Co Md

PARENTS.

10-NAME OF FATHER, Wm Abrams

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co

12-MAIDEN NAME OF MOTHER Priscilla Abrams

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Ernest Hellmann

(Address) 610 Baker St

15- AUG 13 1917 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk. M 805 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8th 1917, to Aug 10 1917, that I saw him alive on Aug 10 1917, and that death occurred, on the date stated above, at 5-15-a m.

The CAUSE OF DEATH* was as follows:

.....General Debility.....

..... (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malaria Fever

..... (Duration) yrs. mos. 1 7 ds.

(Signed) C. W. Bartlett M. D.

Aug 11th, 1917. (Address) 1403 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 13, 1917

20-UNDERTAKER Edward Ring — ADDRESS 146 N Bond

Spec.—8-24-14—M. & T.—2000 Blks.

Waclaw E. Olesczuk.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7594

CERTIFICATE OF DEATH.

104

D 7594

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 911 Fell. St. 2 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Waclaw Edward Olesczuk

(Residence in Baltimore: No. 911 Fell st St.; yrs., 5 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 10, 1917
(Month) (Day) (Year)

7-AGE, yrs. 5 mos. 2 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph Olesczuk.

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland.

12-MAIDEN NAME OF MOTHER Adelia Rockowski

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Olesczuk

(Address) 911 Fell St.

15- AUG 13 1917 HARRY C. ANDREWS Burial Permit Clerk

Filed ....., 191.. M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 12, (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10, 1917, to Aug 12 1917, that I saw h[illegible]ive on Aug 12 1917, and that death occurred, on the date stated above, at 8:50 a. m.

The CAUSE OF DEATH* was as follows:

Acute Dysentery

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Valentine M. D.

Aug. 12, 1917. (Address) 168 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Aug 13, 1917.

20-UNDERTAKER W. F. Sadowski ADDRESS 905 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Czeslaw Piotronski 105

D 7595

D 7595

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 S. Durham ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Czeslaw Piotrowski

(Residence in Baltimore: No. 510 S Durham St.; 2 yrs., 1 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 30 (Day), 1915 (Year)

7-AGE, 2 yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Czeslaw Piotrowski

11-BIRTHPLACE OF FATHER (State or Country), Russia Poland

12-MAIDEN NAME OF MOTHER Josefa Rupert.

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Czeslaw Piotrowski

(Address) 510 S. Durham St

15- AUG 13 1917 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
MBP. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 12 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 30 1917, to August 12 1917, that I saw h.m alive on August 11 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Toxo-Enteritis

(Duration) yrs. One mos. 14 ds.

CONTRIBUTORY (Secondary) Autointoxication

(Duration) yrs. One mos. 4 ds.

(Signed) D. H. Jamieson M. D.

Aug. 13, 191.7 (Address) 2431 Guilford Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Holy Rosary. DATE OF BURIAL. Aug 13th, 191.7

20-UNDERTAKER. M. F. Sadowski. ADDRESS 705 S. Conk

Spec.—8-24-14—M. & T.—2000 Blks.

D. 7596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

D. 7596

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Mosher ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Loyola Collins

(Residence in Baltimore: No. 1203 Mosher St.; ....yrs., ...mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 14, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 28 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None
(b) General nature of industry, business, or establishmeot in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Harrison Collins

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Griffin

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Collins

(Address) 1203 Mosher St.

15- AUG 13 1917 HARRY C. ANDREWS

Filed....., 191.. Clerk

W.B.P. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1917, to Aug 11 1917, that I saw h.. alive on Aug. 11 1917, and that death occurred, on the date stated above, at 5A. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ....yrs. ....mos. 28 ds.

CONTRIBUTORY (Secondary) Premature Birth.

(Duration) ....yrs. 5 mos. ....ds.

(Signed) Jane Brown M. D.

Aug. 11, 191.. (Address) 1837 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Aug. 13 191.?

20-UNDERTAKER Hamill Easter — ADDRESS 916 Penna Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7597

104 D 7597

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 Oxford ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma Elizabeth Brakenbridge

(Residence in Baltimore: No. 531 Oxford St.; 1 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, July 2 (Month) (Day), 1916 (Year)

7-AGE, 1 yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Daniel Weaver

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Florence Eaton

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Brakenbridge

(Address) 531 Oxford

15-

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 11 1917, to Aug 12 1917, that I saw h EN alive on Aug. 11 1917, and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Intestinal Indigestion

(Duration) 2 Weeks yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 5 ds.

(Signed) Jno. H. Thompson M. D.

Aug 14 1917 (Address) 1014 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Aug 14 1917

20-UNDERTAKER Daniel Easton

ADDRESS 916 Penna

D 7598

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

D 7598

REGISTERED No. C 28

CITY OF BALTIMORE (No. 211 Pine St.: 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Shirley

(Residence in Baltimore: No. 211 Pine St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Col.	Married

6-DATE OF BIRTH Sept. (Month) 10 (Day), 1881 (Year)

7-AGE 35 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) 004

9-BIRTHPLACE (State or country) S C

PARENTS

10-NAME OF FATHER Harry Shirley

11-BIRTHPLACE OF FATHER (State or country) S C

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or country) S. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harold Easton

(Address) 716 Penna ave

15 AUG 13 1917 HARRY C. ASHTON

Filed ..... 191.. Burial Permit Clerk

MBO REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug (Month) 11 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1916 to, Aug 11 1917

that I saw him alive on Aug 11, 1917

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonaris

(Duration) yrs. 9 mos. ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. 20 ds.

(Signed), Frank E. Adams M. D.

8/12/17, 191.. (Address) 1000 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Aug 13 1917

20 UNDERTAKER Harold Easton ADDRESS 916 Penna ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7599

CERTIFICATE OF DEATH.

D 7599

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladys Williams

(Residence in Baltimore: No. 124 N. Wallas St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 18, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Harry Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Johns Hopkins Hospital

15- HARRY C. ANDREWS
Burial Permit Clerk

Filed ....., 191.. W. B.S. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 7 191.., to August 11 1917, that I saw h.. alive on August 11 1917, and that death occurred, on the date stated above, at 7.40 p m.

The CAUSE-OF DEATH* was as follows:

Gastro intestinal infection, acute.

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) James B. Conrad M. D.

Aug 12, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ✓ ds. In the State ✓

Where was disease contracted, if not at place of death?

Former or usual residence 124 N. Wallas St

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemitary

DATE OF BURIAL, Aug. 13, 1917.

20-UNDERTAKER Mrs. Robert A Elliott

ADDRESS 506 East 4

D 7600 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7600

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 137 Bridgeford St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David A Boyd,

(Residence in Baltimore: No. 137 Bridgeford, St.; yrs., 37 mos. 10 ds. 25)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Mal	white	Mar

6-DATE OF BIRTH, September 16, 1879
(Month) (Day) (Year)

7-AGE, 37 yrs. 10 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Self

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Patrick Joyce

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margret Harrington

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Boyd

(Address) 131 Bridgeford

15-

AUG 13 1917

Filed....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm J Mc Kenney M. D.
(Coroner.)

Aug 11, 191.. (Address) 131 Bridgeford St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	Aug 14, 1917
20-UNDERTAKER Christian Miller	ADDRESS 2334 Jefferson St

D 7601

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7601

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1842 W North Ave St.; 13th WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margaret Welshoffer

(Residence in Baltimore: No. 1842 W North Ave St.; 80 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED~~ WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Sept 26, 1829 (Month) (Day) (Year)

7 AGE: 87 yrs. 10 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm H Welshoffer

(Address) 1842 W North Ave

15 AUG 13 1917 Filed ..... 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug 10, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1917, to Aug 30 1917, that I saw h..... alive on ....., 191..., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Old age
Stated last seen by me
Two weeks prior to
death Aug 30 1917

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY): Bronchitis 2 months

(Duration) ..... yrs. mos. 2 ds.

(Signed) Jeff Buchanan M. D.

....., 191... (Address) 2700 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug 15, 1917

20 UNDERTAKER: Josiah Lyffer — ADDRESS: 1600 W North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7602

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7602

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Elizabeth's Home — REGISTERED NO. C 21

CITY OF BALTIMORE: (No. ... ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Booker

(Residence in Baltimore: No. St. Elizabeth's St.; 2 yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, Negro | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) —

6-DATE OF BIRTH, — (Month) — (Day) 1 (Year)

7-AGE, About — yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. None (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mildred

(Address) St Elizabeth Home

15- HARRY C. ANDREWS

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 10 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 1917, to Aug 10 1917, that I saw h alive on Aug 10 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Tuberculosis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Harry Goldberg M. D.

8-11-, 1917. (Address) 2031 W Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 11 mos. ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Aug 13, 1917.

20-UNDERTAKER, Geo A Holland — ADDRESS 1631 D H St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 7603

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 541 Wilson ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Anthony

(Residence in Baltimore: No. 541 Wilson St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) ....., (Day) 1847 (Year)

7-AGE, 70 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)..... 08

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Charolatte Johnson

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daisy Robinson

(Address) 541 Wilson st

15- AUG 13 1917 HARRY C. ADAMS Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1917, to Aug 11 1917, that I saw h— alive on Aug 11 1917, and that death occurred, on the date stated above, at 5:45 p. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Cardiac Dilatation

..... (Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) old age

..... (Duration) — yrs. — mos. — ds.

(Signed) Edw. H. Wheatley M. D.

8/13/1917. (Address) 1231 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. | DATE OF BURIAL, Aug 13, 1917

20-UNDERTAKER J. H. Holland | ADDRESS 631 E. Pratt

Spec.—8-24-14—M. & T.—2000 Blks.

D 7604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7604

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sylvan Ringgold

(Residence in Baltimore: No. 816 Sterling St St.; ...yrs., 11 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, August 27 (Month) (Day) 1916 (Year)

7-AGE, ...yrs. 11 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Silvan Ringgold

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Martha Boulden

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- OG131977 HARRY C. ANDREWS Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 11 1917, to August 11 1917, that I saw h[illegible] alive on August 11 1917, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal indigestion, acute

(Duration)...yrs...mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration)...yrs...mos...ds.

(Signed) Henry B. Gossard M. D.

Aug. 11, 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 816 Sterling St

19-PLACE OF BURIAL OR REMOVAL, Mt. Zion cemetery — DATE OF BURIAL, Aug. 14 1917.

20-UNDERTAKER Milton Davis — ADDRESS 413 N. Eden St

D 7605

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

113

D 7605

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2739 W North ave ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie J. Seymour

(Residence in Baltimore: No. 2739 W North ave St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female.

4-COLOR OR RACE: White

5-~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): widowed

6-DATE OF BIRTH: Feb. (Month) 13 (Day), 1836 (Year)

7-AGE: 81 yrs. 5 mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE (State or country): Va.

PARENTS

10-NAME OF FATHER: Robert Moon

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Mary A. Hutson

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robt L. Moon

(Address) 2739 W. North ave.

15- AUG 13 1917 HARRY C. ANDREWS

Filed ....., 191 ..... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 12 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1916, to, Aug 12 1917, that I saw h.. alive on Aug 11 1917, and that death occurred, on the date stated above, at 1.15 p m.

The CAUSE OF DEATH* was as follows:

Senility. CM

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) Cardiac Paralysis 10m.

(Duration) yrs. mos. ds.

(Signed) H. C. Nelson M. D.

Aug 12, 1917 [Address] 2737 W North ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Aug 14, 1917

20-UNDERTAKER: Armstrong Denny Co — ADDRESS: 715 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

D 7606

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7606

CERTIFICATE OF DEATH.

79

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 8 Monroe ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Hawkins

(Residence in Baltimore: No. 12 8 Monroe St.; Lyrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Apr 12, (Day) 1855 (Year)

7-AGE, 62 yrs. 3 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) 031

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Patrick Hawkins

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Lacy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs E Lawrence

(Address) 12 8 Monroe St

15-

Filed ....., 191.....

.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 1917, to Aug 11 1917, that I saw h[illegible] alive on Aug 11 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) ..... yrs. ..... mos. 5 Days ds.

CONTRIBUTORY (Secondary) My Disorder

(Duration) ? yrs. ..... mos. ..... ds.

(Signed) Jas L Kerrigan M. D.

Aug 11, 1917. (Address) 1729 N Fremont St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Cathedral

DATE OF BURIAL, Aug 14, 1917.

20-UNDERTAKER W[illegible] Coyle

ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7607.

CERTIFICATE OF DEATH.

64 D 7607.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Druid Hill Ave 14 ST.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Jones

(Residence in Baltimore: No. 1611 Druid Hill Ave St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... Abt 13th (Month) (Day), 1847 (Year)

7-AGE, 70 yrs. 4 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Daniel Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Barbara Siskia

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Eliza Smallwood

(Address)..... 1611 Druid Hill Ave.

15- AUG 13 1917 1917 HARRY C. ANDREWS Registrar. Burial Permit Clerk. W 95

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 13th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8 1917, to Aug 13 1917, that I saw h.. alive on Aug 12th 1917, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Harry K. Brown M. D.

Aug 13th, 1917. (Address) 1501 Pressman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Aug 14 1917

20-UNDERTAKER James H. Dennis ADDRESS 1303 Pressman St

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7608

CERTIFICATE OF DEATH.

105

D 7608

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1931 Eastern ST.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaw Stokowski

(Residence in Baltimore: No. 1931 Eastern Ave. St.; 3 yrs., 9 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Nov. (Month) 8 (Day) 1913 (Year)

7-AGE. 3 yrs. 9 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): " "

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Stokowski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Wiktoya Mieszkowska

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Stokowski

(Address) 1931 Eastern Ave

AUG 13 1917 HARRY C. ANDREWS

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 12 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10 1917, to Aug 12 1917, that I saw h— alive on Aug 1— 1917, and that death occurred, on the date stated above, at 10 20 a.m.

The CAUSE OF DEATH* was as follows:

Pleurisy Pleurolitis

(Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Enteritis

(Duration) 1 yrs. mos. 2 ds.

(Signed) J. M. Helwig M. D.

Aug 12, 1917. (Address) 1275 North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Aug 14, 191.7

20-UNDERTAKER William Hallowell

ADDRESS 1015 East

Spec.—8-24-14—M. & T.—2000 Blks.

D 7609

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7609

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 W Barre ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Gornoski

(Residence in Baltimore: No. 540 W Barre St.; ..... yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 11, 1917 (Month) (Day) (Year)

7-AGE, ... yrs. 1 mos. 1 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant 600
(b) General nature of industry, business, or establishment in which employed (or employer)..... "

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Frank Hornostay

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Chuskie

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Hornostay

(Address) 540 W Barre St

15-

AUG 13 1917 HARRY C. ANDREWS

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 3 1917, to Aug 12 1917, that I saw h[illegible] alive on Aug 11 1917, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

..... (Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J M D Elwell M. D.

Aug 12, 191.7 (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Aug. 13, 191.7

20-UNDERTAKER William Trallowski ADDRESS 1618 E Eutaw

Asst.

Spec.—8-24-14—M. & T.—2000 lbks.

D 7610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7610

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 W Barre ST.; 22 WARD) REGISTERED NO. C

2-FULL NAME Frank Gornoski

(Residence in Baltimore: No. 540 W Barre St.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 11 (Day), 1917 (Year)

7-AGE, yrs. 1 mos. 1 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant 000
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Frank Hornostay

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Shusko

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Hornostay

(Address) 540 W Barre

15- AUG 13 1917 HARRY C ...

Filed ..., 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3 1917, to Aug. 12 1917, that I saw him alive on Aug. 11 1917, and that death occurred, on the date stated above, at 6 22 A m.

The CAUSE OF DEATH* was as follows:

Gastro - Enteritis

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J M Dilworth M. D.

Aug 12, 191 7. (Address) 621 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Aug. 13., 191 7.

20-UNDERTAKER William Fiallkowski ADDRESS 1118 Eastern Ave

Spec—5-19-13—M. & T.—500 Blks.

D 7611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82 D 7611

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 Ruxton Ave. ST.; 15 WARD)

(If death occurred in a hospital or institution, give Its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME William Linker

Residence in Baltimore: No. 1724 Ruxton Ave. St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, May 19, 1831
(Month) (Day) (Year)

7-AGE, 86 yrs. 2 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cooper 086
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Linker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Christina Boyer (daughter)

(Address) 1724 Ruxton Ave.

15- AUG 23 1917 HARRY C. ANDREWS Burial Permit Clerk

1917 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 13 1916, to Aug. 11 – 1917, that I saw him alive on Aug. 11 – 1917, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Senile Arteria Sclerosis and Endocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(Duration) yrs. mos. 8 ds.

(Signed) C. K. Shilling M. D.

Aug. 12 1917. (Address) 4107 Liberty Hghts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mathews — DATE OF BURIAL, Aug 14 1917

20-UNDERTAKER, Philip Henrig — ADDRESS 2016 Orleans

D 7612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7612

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Md. Gen. Hospital ST.; 11 WARD)
REGISTERED No. C 175

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Max Baecht (Paech)
(Residence in Baltimore: No. 234 Belvedere Ave. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July 6, 1915
(Month) (Day) (Year)

7-AGE, 2 yrs. 1 mos. 5 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Louis Paech

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lina Weber

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Louis Paech
(Address) 234 Belvedere

15-
AUG 13 1917 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Tracheal Stenosis
Tracheotomy
Asphyxia
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Tuberculosis Peritonitis
(Duration) yrs. mos. ds.
(Signed) C. Watkins M. D.
(Coroner.)
Aug. 13, 191.. (Address) 8 W Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Aug. 13. 1917
20-UNDERTAKER John A Moran	ADDRESS Bank & Ann Sts

Spec.—8-24-14—M. & T.—2000 Blks.

D 7613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 D 7613

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph's Hosp ST.; 15 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Bennett

(Residence in Baltimore: No. 2114 Allendale St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov. 3, (Month) (Day) 1912 (Year)

7-AGE, 4 yrs. 9 mos. 9 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Howard S. Bennett

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md

12-MAIDEN NAME OF MOTHER Anne Tinker

13-BIRTHPLACE OF MOTHER (State or Country). England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard S. Bennett

(Address) 2114 Allendale St

15- AUG 13 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 12, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 11 1917, to Aug. 12 1917, that I saw her alive on Aug 12 1917, and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

8/13, 191.. (Address) St Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. 2 ds. In the State Life yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 2114 Allendale St

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Aug 14, 1917

20-UNDERTAKER H E Hughes — ADDRESS 17 S Broadway

over

D 7614

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

D 7614

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 19 N. Luzerne ST. 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Louise Barbara Lewis

(Residence in Baltimore: No. 19 N. Luzerne ST.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: December (Month) 17, (Day) 1864 (Year)

7 AGE: 52 yrs. 7 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Henry Faber

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Julia Oswald.

13 BIRTHPLACE OF MOTHER (State or country): France

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James W. Lewis

(Address) 19 N. Luzerne St.

15 Filed AUG 13 1917 191 ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August (Month) 12 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1916, to Aug 12 1917, that I saw h[illegible] alive on Aug 12, 1917, and that death occurred, on the date stated above, at 8.25 P m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) John F Speckmall M. D.

Aug 20, 1917 (Address) 2112 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Aug 15, 1917

20 UNDERTAKER: H E Hughes — ADDRESS: 5 E Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

D 7615

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7615

CERTIFICATE OF DEATH.

REGISTERED NO. C 104

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. (St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George McGuire

(Residence in Baltimore: No.) Sudbrook Park Md. St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 3 (Month) (Day) 1917 (Year)

7-AGE, ...yrs. 2 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Louis McGuire

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lucy Croston

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Sitler

(Address) Johns Hopkins Hosp.

15-

Filed AUG 13 1917, 191.... HARRY C. ARMS, Chief Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 3 1917, to Aug 7 1917, that I saw him alive on Aug 9 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry B. Conrad M. D.

Aug 9, 191.7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence Sudbrook Park Md.

19-PLACE OF BURIAL OR REMOVAL, ...

DATE OF BURIAL, ..., 191...

20-UNDERTAKER ....

ADDRESS ....

JOHNS HOPKINS HOSPITAL

Commissioner of Health,

AUG 10 1917

D 7616

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7616

CERTIFICATE OF DEATH.

165

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 16 WARD: K

2 FULL NAME James R Frederick

(Residence in Baltimore: No. 1142 N Calhoun St. Yrs. 5/12 mos.. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown 1914
(Month) (Day) (Year)

7-AGE, 3 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, James Frederick

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Blanch Olson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James R Frederick

(Address) 1142½ Calhoun St

15-

Filed AUG 13 1917 191.... HARRY C. ANDREWS Registrar.

Burial Jas. [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1/ Pneumonia

2/ Edema Lungs

3/ Exhaustion

(Duration) 7 days

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

June 13 191.7 (Address) 1057 Lee

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 7 days mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 1142 N Calhoun St

Former or usual residence 1142 N Calhoun St

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, June 14, 1917

20-UNDERTAKER Clarence Claypool

ADDRESS 1364 Mary

Spec.—8-24-14—M. & T.—2000 Bks.

D 7617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30 D 7617

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ira Jackson

(Residence in Baltimore: No. 729 Eutaw St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Unknown (Month), (Day), 1 (Year)

7-AGE: 1 yrs. 2 mos. — ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country): Unknown

PARENTS.

10-NAME OF FATHER: John Jackson

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Annie Rich

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address) Johns Hopkins Hospital

15-

AUG 13 1917 HARRY C. ANDREWS

Filed, 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August, 191 , to August 12 191 7, that I saw h alive on August 12 191 7, and that death occurred, on the date stated above, at 3 10 p m.

The CAUSE OF DEATH* was as follows:

1 bc Meningitis

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry B. Conrad M. D.

Aug 12, 191 7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 729 Eutaw St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Aug 15 191 7

20-UNDERTAKER, Charles B Jones ADDRESS 235 N. Paca St

D 7618

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7618

105

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2621 N Calvert St. 12 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles Bryan Watkins

(Residence in Baltimore: No. 2621 N Calvert St. 30 yrs. - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: April 7, 1860 (Month) (Day) (Year)

7 AGE: 57 yrs. 4 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Grain Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): 045

9 BIRTHPLACE (State or country): Kent Co. Md

PARENTS

10 NAME OF FATHER: John L. A. Watkins

11 BIRTHPLACE OF FATHER (State or country): Kent Co. Md

12 MAIDEN NAME OF MOTHER: Elizabeth Bryan

13 BIRTHPLACE OF MOTHER (State or country): Kent Co. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wilmer Watkins

(Address) 2621 N Calvert St

15 Filed AUG 13 1917, 191 — Burial Permit Cl... — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 12, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1917, to Aug 12 1917, that I saw h... alive on Aug 12, 1917, and that death occurred, on the date stated above, at 9:30 P. m.
The CAUSE OF DEATH* was as follows:

Myocarditis, S

(Duration) — yrs. — mos. — ds. Not Known

Contributory (SECONDARY) Calculous Cholecystitis & Chronic Enteritis

(Duration) — yrs. — mos. — ds.

(Signed) John Lundwall M. D.

Aug 13, 1917 (Address) 102 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: Aug 14 1917

20 UNDERTAKER: F. A. Krause

ADDRESS: 763 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7619

CERTIFICATE OF DEATH.

152 D 7619

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE: (No. 538 W. Mulberry ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Peterman

(Residence in Baltimore: No. 538 W. Mulberry St.; 0 yrs., 0 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 13, 1917
(Month) (Day) (Year)

7-AGE, 0 yrs. 0 mos. 0 ds.

If LESS than 1 day, 11 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Lee Peterman

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Lucy Tillmann

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Jane

(Address) 538 W. Mulberry

15- Filed AUG 13 1917, 191.... HARRY D. ANDREWS Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 3 1917, to August 13 1917, that I saw him alive on August 13 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cyanosis

(Duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James E. Mahoney M. D.

Aug 13, 1917. (Address) Emmanuel Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Aug 14, 1917

20-UNDERTAKER R L Parham — ADDRESS 1310 Harlem

Spec.—8-24-14—M. & T.—2000 Blks.

D 7620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37

D 7620

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Archer ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Fitzpatrick

(Residence in Baltimore: No. 511 Archer St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 15 (Day) 1914 (Year)

7-AGE, 3 yrs. mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Thomas Fitz Patrick

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Forney

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos Fitz Patrick

(Address) 511 Archer st

15- AUG 13 1917

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1917, to Aug 13 1917, that I saw h[illegible] alive on Aug 13 1917, and that death occurred, on the date stated above, at 11¼ m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum D. J. Shirley

(Duration)....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Family Knew of Illness

(Duration)....yrs. 2 mos.....ds.

(Signed) Stephen A. McKenzie M. D.

Aug 13, 191.. (Address) 1727 Carlton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, Aug 14, 1917

20-UNDERTAKER John J. Fields

ADDRESS 1200 N. Fremont

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7621 — 64 — D 7621

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 S Bethel St. 2 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Brzybylski

(Residence in Baltimore: No. 721 S Bethel St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, October (Month) 20 (Day), 1850 (Year)

7-AGE, 66 yrs. 9 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Canning

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Martin Brzybylski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Brzybylski

(Address) 1111 S. Broadway

AUG 13 1917 HARRY C. ANDREWS

Filed ....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 11 1917, to Aug 12 1917, that I saw him alive on Aug 11 1917, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ....yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Alfred A. Brandeck M. D.

Aug 13 1917 (Address) 8 S Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's Cem Rappl — DATE OF BURIAL, Aug 15, 1917

20-UNDERTAKER Randall Ruppel — ADDRESS 37 S Bond

Spec.—8-24-14—M. & T.—2000 Blks.

D 7622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

D 7622

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 W. West ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Premature Connick

(Residence in Baltimore: No. 128 W. West St.; — yrs., — mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 8, 1917
(Month) (Day) (Year)

7-AGE, — yrs. — mos. 4 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Premature
(b) General nature of industry, business, or establishment in which employed (or employer): 001

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS:

10-NAME OF FATHER, Robert James

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Ethel Connick

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert James

(Address) 102 W Lafayette

Filed AUG 14 1917, 191... HARRY C. ANDREWS Burial Permit Clerk

WBS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 12, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 8 1917, to Aug. 12, 1917, that I saw h— alive on Aug. 10 1917, and that death occurred, on the date stated above, at 10.30 m.

The CAUSE OF DEATH* was as follows:

Premature
Birth
(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary) 6 hrs. prem.
(Duration) ...yrs...mos...ds.

(Signed) David Francis M. D.

8/15, 191.7 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn St | DATE OF BURIAL, Aug 14, 1917.

20-UNDERTAKER J. W. Brown & Son | ADDRESS 108 N. Montgo[illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 7623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 N Patterson Park Ave ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F. Thompson

(Residence in Baltimore: No. 1110 N Patterson Park Ave St.; 75 yrs,, mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ Married (*Write* the word.)

6-DATE OF BIRTH, Abt 1842, (Month) (Day) 1 (Year)

7-AGE, 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Brazier
(b) General nature of industry, business, or establishment in which employed (or employer) Own

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Abt 1800

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Abt 1800

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene H Thompson

(Address) 1110 N Patterson Park Ave

15-AUG 14 1917 HARRY C. ANDREWS Registrar.

Filed....., 191.... Burial Permit Clerk

B Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1912, to Aug. 13 1917, that I saw h[im] alive on Aug. 13 1917, and that death occurred, on the date stated above, at 11 A.M. m.

The CAUSE OF DEATH* was as follows:

Primary Arterio-Sclerosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Oedema

(Duration) yrs. mos. 7 ds.

(Signed) Michael A Adams M. D.

Aug. 14, 1917. (Address) 624 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In this State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Aug 1..., 191...

20-UNDERTAKER John Herring & Co

ADDRESS

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7624 — D 7624

CERTIFICATE OF DEATH.

42

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 1625 Ashland ave ST.; 7 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret L. Eyler

(Residence in Baltimore: No. 1625 Ashland ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Nov 3, 1859
(Month) (Day) (Year)

7-AGE, 57 yrs. 9 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... at home
(b) General nature of industry, business, or establishment in which employed (or employer) 0 0

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, James H. Wood

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jaenette Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. E. Jones

(Address) 1625 Ashland ave

AUG 14 1917 HARRY C. ANDREWS Burial Permit Clerk

Filed ....., 191.. B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 20 1916, to Aug 13 1917, that I saw h er alive on Aug 13- 1917, and that death occurred, on the date stated above, at 1130 A m.

The CAUSE OF DEATH* was as follows:

..... Apoplexy .....
..... Uraemia Cerebralis .....
Clinical .....
..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY ..... Examination .....
(Secondary)
..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) ..... Robt. L. Phelps ..... M. D.

Aug 14, 191.. (Address) 1218 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, Aug 15, 191.7

20-UNDERTAKER Zickler & Zickler — ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

D 7625

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7625

CERTIFICATE OF DEATH.

15-151

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Longwood ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl L. J. Burnecker

(Residence in Baltimore: No. 1721 Longwood St.; ..... yrs., ... mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... July ..... 20 ....., 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 24 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Harry L. Burnecker

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Ada V. Macneal

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry L. Burnecker

(Address) 1721 Longwood st

Filed AUG 14 1917, 191.. HARRY C. ARNOLD Burial Permit Clerk

Thos. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 12 1917, to Aug 13 1917, that I saw him alive on Aug 12 1917, and that death occurred, on the date stated above, at 11.45 p.m.

The CAUSE OF DEATH* was as follows:

Insanition resulting from premature birth

(Duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Emil L. Kahn M. D.

Aug 13, 1917. (Address) Hoffman Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Leader Park Cem	Aug. 14.., 1917
20-UNDERTAKER	ADDRESS
Wm. C. Fuller	221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 7626

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7626

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 N. Collington Ave WARD) 8

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lisk

(Residence in Baltimore: No. 815 N. Collington Ave St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 7 (Month) (Day), 1848 (Year)

7-AGE, 68 yrs. 10 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Geo W Lisk

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Mary Schirm

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Lisk

(Address) 815 Collington Ave

15- AUG 14 1917 HARRY C. ANDREWS

Filed ....., 191.... Special Local Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 12 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9 1917, to Aug 12 1917, that I saw h[illegible] alive on Aug 12 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Disease - Asthma

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma Liver

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Alma B Lemmon M. D.

Aug 14, 1917. (Address) 1811 N Collington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Aug. 14, 1917.

20-UNDERTAKER Robt F Gunner

ADDRESS 1442 N. Broadway

D 7627

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7627

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 814 N. Calhoun ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Mullikem

(Residence in Baltimore: No. 814 N. Calhoun St.; 46 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word): Married

6-DATE OF BIRTH, November 19, 1847 (Month) (Day) (Year)

7-AGE: 69 yrs. 9 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Horse 066
(b) General nature of industry, business, or establishment in which employed (or employer): Salesman

9-BIRTHPLACE, (State or Country): Prince Geo. Co. Md.

PARENTS.

10-NAME OF FATHER: Richard mullikem

11-BIRTHPLACE OF FATHER (State or Country): Prince Geo Co. md

12-MAIDEN NAME OF MOTHER: Ellen Cole

13-BIRTHPLACE OF MOTHER (State or Country): Prince Geo. Co. md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theresa Mullikem

(Address) 814 N. Calhoun St.

15- AUG 14 1917

Filed....., 191.... HARRY C. ARTHUR

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 13, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

Aug. 14 191.. (Address) 519 Mosher

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mattersville A.A.Co

DATE OF BURIAL, Aug 15, 1917

20-UNDERTAKER: Wm Cook

ADDRESS: 502 E. North

Spec.—5-19-13—M. & T.—500 Bks.

D 7023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7023

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Mount ST.; 16 WARD)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Edward Corbett

(Residence in Baltimore: No. 1137 Mount St.; ....yrs., ...mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ OR ~~DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, July 29th, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James J. Corbett

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margie A Powell

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Tyler Hurt M.D.

(Address) 701 N Carrollton Ave

Filed AUG 14 1917, 191.... HARRY C. AR...
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 14th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29th 191.., to Aug 14th 191.., that I saw h.. alive on August 14th 191.., and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 1 hr

(Signed) Howard Tyler Hurt M. D.

August 14th, 191.. (Address) 701 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Aug 14, 1917.

20-UNDERTAKER — ADDRESS

H. Hilgert & Sons 1738 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 7629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7629

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3922 Reisterstown Road ST.; 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bulah T. Bradey

(Residence in Baltimore: No. 3922 Reisterstown Road St.; 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct. (Month) 12 (Day), 1889 (Year)

7-AGE, 27 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer): 069

9-BIRTHPLACE, (State or Country), Carroll Co. Md

PARENTS.

10-NAME OF FATHER, William H. Taylor

11-BIRTHPLACE OF FATHER (State or Country), Harford Co. Md.

12-MAIDEN NAME OF MOTHER Laura V. Lockard

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Taylor

(Address) 3922 Reisterstown Road

Filed AUG 14 1917, 191... Registrar.

AUG 14 1917

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 9 1917, to Aug. 12 1917, that I saw h[illegible] alive on August 12 1917, and that death occurred, on the date stated above, at 11:40 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemmorh-age

(Duration) yrs. mos. 1 ds.

(Signed) James S. Aikenhead M. D.

Aug 14 1917. (Address) 4012 Park Heights

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, ST THOMAS P.E. CEMETRY

DATE OF BURIAL, AUG. 15, 1917

20-UNDERTAKER A.S.Marshall

ADDRESS 3539 Falls Road

Spec.—8-24-14—M. & T.—2000 Bks.

D 7630 HEALTH DEPARTMENT—CITY OF BALTIMORE 81 D 7630

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2457 Fred'k Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antony Buckhard

(Residence in Baltimore: No. 2457 Frederick Ave St.; 58 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, January 14th, 1839
(Month) (Day) (Year)

7-AGE, 78 yrs. mos. da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ---

9-BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland, Buckhard

12-MAIDEN NAME OF MOTHER Mary Lettwich

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

AUG 14 1917 HARRY C. ANDERSON

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 13th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 3rd 1916, to ....., 191...., that I saw h[illegible] alive on Aug. 13 1917, and that death occurred, on the date stated above, at 3.50 P m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

Cerebral Hemorrhage (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration)?.....yrs.....mos.....ds.

(Signed) P. A. Warner M. D.

Aug 13 1917. (Address) 1533 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 5 mos. — ds. In the State 58 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Aug. 15th, 1917

20-UNDERTAKER J. B. Kilpatrick

ADDRESS 1738 Frederick Ave

D 7631

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7631

CERTIFICATE OF DEATH.

169

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Fork & Sharp ST.: 23 WARD) REGISTERED No. C

2-FULL NAME John F. Buchman

(Residence in Baltimore: No. 1145 E. Sharp St.; yrs., — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 21, 1909
(Month) (Day) (Year)

7-AGE, 8 yrs. 4 mos. 21 ds. If LESS than 1 day, ...hrs. or...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, August Buchman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Kate Becker

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary L. Parsons
(Address) 17 E. Cross St.

15-
Filed AUG 14 1917, 191... HARRY C. ANDREWS
BURIAL PERMIT CLERK
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suffocation by drowning
accidental
(Duration)...yrs...mos...ds.
CONTRIBUTORY (Secondary)
(Duration)...yrs...mos...ds.

(Signed) A. Andriscelli M. D.
(Coroner)
Aug 15, 1917 (Address) 312 Caroline E

(*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.)

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death...yrs...mos...ds. In the State...yrs...mos...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill
DATE OF BURIAL, Aug 15, 1917

20-UNDERTAKER Wm Cook
ADDRESS 502 E. North

Spec.—8-24-14—M. & T.—2000 Blks.

7632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 7632

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2544 Fleet ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emil Lenz

(Residence in Baltimore: No. 2544 Fleet st St.: 17 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Aug 23, 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. 11 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Butcher
(b) General nature of industry, business, or establishment in which employed (or employer) 013

9-BIRTHPLACE, (State or Country) Brooklyn N.Y.

10-NAME OF FATHER, — Lenz

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Lenz

(Address) 2544 Fleet st

Filed AUG 14 1917, 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 13th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5th, 1917, to Aug. 13 1917, that I saw him alive on Aug. 13th 1917, and that death occurred, on the date stated above, at 4.20 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Ailing 3 mos to my knowledge — 8 —
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. N. Bailey M. D.

Aug 13, 191.. (Address) 1005 S Patterson Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death . yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, McCausland — DATE OF BURIAL, Aug 16, 1917

20-UNDERTAKER, Wm Cook ADDRESS 507 E North ave

D 7633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

D 7633

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1713 Thomas Ave., ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Ames,

(Residence in Baltimore: No. 1713 Thomas Ave., St.; yrs. 72 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, June 9th, (Month) (Day) 1845 (Year)

7-AGE, 47 yrs. 2 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Edward Fahnestock

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Martha Davis

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary O. Fahnestock

(Address) 1713 Thomas Ave.,

15- HARRY C. ANDREWS

Filed AUG 14 1917 191.... Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enlarged Heart

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ....yrs....mos....ds.

(Signed) [illegible] M. D. (Coroner.)

Aug 13, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	Aug. 15th, 19 17

20-UNDERTAKER	ADDRESS
Chas. E. Franck,	802 Madison Ave.,

D 7631

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7631

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 509 N Howard ST. 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis W. Rosell

(Residence in Baltimore: No. 509 N. Howard St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June 5 (Month) (Day), 1872 (Year)

7-AGE, 45 yrs. 2 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of Industry, business, or establishment in which employed (or employer): 009

9-BIRTHPLACE, (State or Country), N. Y.

PARENTS.

10-NAME OF FATHER, Edward Rosell

11-BIRTHPLACE OF FATHER (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER Maria Feldstein

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Tonsdale

(Address) Wilmington, Del

15- AUG 14 1917 Filed, 191.. HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 11 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

Aug 14, 191.. (Address) High Sts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Aug. 15, 1917

20-UNDERTAKER Chas. E. Franch ADDRESS 802 Madison Ave

Spec.—8-24-14—M. & T.—5000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7635

CERTIFICATE OF DEATH.

104

D 7635

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 Druid Hill Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Nathaniel Sheppard

(Residence in Baltimore: No. 1423 Druid Hill Ave St.; ..... yrs., 2 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 12 (Day), 1917 (Year)

7-AGE, ... yrs. 2 mos. 23 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 00

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS:

10-NAME OF FATHER, Thomas H Sheppard

11-BIRTHPLACE OF FATHER (State or Country). Prince George Co Md

12-MAIDEN NAME OF MOTHER Susie Richardson

13-BIRTHPLACE OF MOTHER (State or Country). Prince George Co. Md

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Sheppard

(Address) 1423 Druid Hill Ave

Filed AUG 14 1917, 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 191.., to Aug 11 1917, that I saw him alive on Aug 11 1917, and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

Acute Ileo Colitis

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. William Frey M. D.

Aug 11, 191.. (Address) 1121 St Paul Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters ay — DATE OF BURIAL, Aug 14..., 1917

20-UNDERTAKER James H Dennis — ADDRESS

Spec.—8-24-14—M. & T.—2000 lks.

D 7636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

146

D 7636

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Mullen

(Residence in Baltimore: No. 1119 Wilex St St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, February 22 (Month) (Day) 1892 (Year)

7-AGE, 24 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Hosp

9-BIRTHPLACE, (State or Country), Maryland

PARENTS:

10-NAME OF FATHER, Arthur J. Mullen

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anne McWilliams

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W Smith

(Address) Johns Hopkins Hospital

Filed AUG 14 1917 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 12 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 3 1917, to August 12 1917, that I saw h alive on August 12 1917, and that death occurred, on the date stated above, at 445 p m.

The CAUSE OF DEATH* was as follows:

Acute Mastoiditis

(Duration) —yrs. —mos. ?ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) —yrs. 3 mos. ? ds.

(Signed) Adam Carothers M. D.

Aug 17, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death —yrs. —mos. 10 ds. In the State —yrs. —mos. —ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1119 Wilex St

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Aug 14, 191.7.

20-UNDERTAKER. H. C. Wardefeld — ADDRESS Fremont Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7637

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7637

CERTIFICATE OF DEATH.

X92

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Spear

(Residence in Baltimore: No. 6 E 1/2 Mulberry St.; 49 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1868
(Month) (Day) (Year)

7-AGE, 49 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer): 056

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

AUG 14 1917 HARRY C. ANDREWS Burial Permit Clerk

Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 5, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8-6 1917, to 8-8 1917, that I saw him alive on 8-8-17 191, and that death occurred, on the date stated above, at 12.30 P.m.

The CAUSE OF DEATH* was as follows:

1st Broncho Pneumonia

.....

.....

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. McAleer M. D.

8/8, 191.7. (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 49 yrs. 9 mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 6 E 1/2 W Mulberry

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7638

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7638

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. St. Elizabeth's Home ST.; WARD) 4
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Genevieve Griffin

(Residence in Baltimore: No. St. Elizabeth's Home St.; ..... yrs., 2 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) single

6-DATE OF BIRTH. Dec. ..., 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 6 mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

HARRY C. ...

Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1917, to Aug 11 1917, that I saw h[illegible] alive on Aug 11 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

..... (Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) ..yrs. ..mos. ..ds.

(Signed) Harry Plotz M. D.

8-13, 1917. (Address) 2031 N Potomac St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. 2 mos. 15 ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

AUG 14 1917 JOHNS HOPKINS HOSPITAL

AUG 14 1917

Commissioner Health.

Per

Spec.—8-24-14—M. & T.—2000 Bks.

D 7639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. St. Elizabeth's Home St.; WARD

2-FULL NAME Margaret Smallwood

(Residence in Baltimore: No. St. Elizabeth's Home St.; yrs., 3 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, ..., ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 9 months ? yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 12 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1917, to Aug 11, 1917, that I saw h[illegible] alive on Aug 11, 1917, and that death occurred, on the date stated above, at 8-a m.

The CAUSE OF DEATH* was as follows: Chronic Inanition

Intestinal Dyspepsia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Fidler M. D.

8-13, 1917 (Address) 2314 Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 3 mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

AUG 14 1917 HARRY C. ADAMS JOHNS HOPKINS HOSPITAL Commissioner Health

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7640

CERTIFICATE OF DEATH.

D 7640

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J Thomas

(Residence in Baltimore: No. St. Elizabeth's Home St.; ..... yrs. 10 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept (Month) 12 (Day) 1917 (Year)

7-AGE, 5 yrs. 11 mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Thomas

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Amanda Thomas

13-BIRTHPLACE OF MOTHER (State or Country). Carrington Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

Filed....., 191.....

HARRY C. ARMS
Registrar.

AUG 14 1917
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 11 (Month) ..... (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1917, to Aug 11 1917, that I saw h[er] alive on Aug 11 1917, and that death occurred, on the date stated above, at 9 T m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary).....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Harry E Tilbury M. D.

8-13., 191.7 (Address) 2131 N Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. 10 mos. 9 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7611

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7611

CERTIFICATE OF DEATH.

X 45

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospital St; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A Marshall

(Residence in Baltimore: No. Avondale Md. St.; 64 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1853 (Year)

7-AGE, 64 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): 013

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Louis Marshall

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Marshall

(Address) 520 N. Milton av

15- AUG 14 1917 HARRY C. ANDREWS

filed, 191 Registrar. Actg. Asst. Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 9 1917, to Aug 13 1917, that I saw h in alive on Aug 13 1917, and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

ovr

(Duration) yrs. 3 mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H Wilson M. D.

Aug 13 1917. (Address) Mount Hope

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. 15 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Avondale Md.

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, Aug 15 191.

20-UNDERTAKER Philip Henry ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 7612 D 7612

CERTIFICATE OF DEATH.

19 REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Lincoln Ct St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kaderabeta

(Residence in Baltimore: No. 2013 Lincoln Ct St.; 48 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May — (Month) (Day), 1837 (Year)

7-AGE, 80 yrs. 3 mos. ..... ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Bevan

(Address) 130 N. Castle St.

AUG 14 1917 HARRY [illegible] Burial Permit Clerk

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1916, to Aug 1917, that I saw him alive on Aug 14 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Cor Senilis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Schaden M. D.

Aug 14, 1917 (Address) 1204 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holly Redemer	Aug. 17, 1917
20-UNDERTAKER	ADDRESS
Frank Leach & Son	1900 Ashland Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7013 — 104 — D 7013

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Walbrook Ave ST.; 15 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Howard Simmons

(Residence in Baltimore: No. 2013 Walbrook Ave St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Febry 24, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Walter Howard Simmons

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Co. Md.

12-MAIDEN NAME OF MOTHER Stella Elizabeth Gamber

13-BIRTHPLACE OF MOTHER (State or Country) Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C A Hillsinger

(Address) Ellicott City

15- Filed AUG 15 1917, 191. HARRY O. ANDREWS Burial Permit Clerk W.B.S. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 11 1917, to Aug 14 1917, that I saw him alive on Aug 14 1917, and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea and Enteritis

(Duration) 1 yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Dentition

(Duration) 1 yrs. 1 mos. 4 ds.

(Signed) George C. Shannon M. D.

Aug 14, 191.7 (Address) 700 Fulton ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Deer Park Cemetery — DATE OF BURIAL, Aug 16, 191.7

20-UNDERTAKER C. Hillsinger & Son — ADDRESS Ellicott City

P 7044

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 313 North Parish ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Smith

(Residence in Baltimore: No. 313 North Parish St.; 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Mail

4-COLOR OR RACE: Mulatto

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: unknown (Month) (Day) 1 (Year)

7-AGE: Bout 54 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Labour
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE (State or country): Balt Md

PARENTS

10-NAME OF FATHER: Charles Smith

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Nancy Taylor

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Benjamin Smith

(Address) 1352 Carroll St

15- AUG 15 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10, 1917, to, aug 12 1917, that I saw h.. alive on aug 11 1917, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs mos. 5 ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed), Wesley Stoag M. D.

aug 12, 1917 [Address] 72 Columbia

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Ft Auburn Cemetery

DATE OF BURIAL: August 15, 1917

20-UNDERTAKER: Wm H Hooper

ADDRESS: 60 Little Pacca St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7645 D 7645

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 W. Monty, ST.; 22 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Jones

(Residence in Baltimore: No. 103, W Monty, St.; ..... yrs., 4 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Not ....., 1..... (Month) (Day) (Year)

7-AGE, 36 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Home Work
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Laundry

9-BIRTHPLACE, (State or Country), Lynchburg Va

10-NAME OF FATHER, Samuel Patterson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Elizabeth Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Jno Jones

(Address) 135 W Montgomery

AUG 15 1917

....., 191.. HARRY C. BRESLIN Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 13, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1917, to Aug 13 1917, that I saw h[er] alive on Aug 13 1917, and that death occurred, on the date stated above, at 10.50 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. 8 ds.

(Signed) ..... M. D.

Aug 15, 1917 (Address) 711 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	Aug 17, 1917.
20-UNDERTAKER	ADDRESS
C. W. Bond & Son	1421 Madison

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7646 103 D 7646

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Russell ST.; 21 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily a Boyer

(Residence in Baltimore: No. 1124 Russell St St.; 66 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) (Day), 1851 (Year).

7-AGE, 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 070

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emily Jones

(Address) 1124 Russell St

15- AUG 15 1917 HARRY C. ANDREWS
Filed ....., 191 Burial Permit Clerk
M. B. S. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 12, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28 1917, to Aug 12 1917, that I saw h[er] alive on Aug 12 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis and
Goitre Colloid OVER

(Duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Circulatory Collapse.

(Duration) yrs. mos. ds.

(Signed) Geo. Boyer M. D.

8/13, 191[7] (Address) 1124 Russell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cem. DATE OF BURIAL, Aug 15, 1917.

20-UNDERTAKER John H. Jordan ADDRESS, 142 Wash

D 7647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

D 7647

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1250 S. Shaft St.: 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John L. Stumpf

(Residence in Baltimore: No. 1250 S. Shaft St.: Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Aug. (Month) 14 (Day), 1917 (Year)

7 AGE: ..... yrs. ..... mos. ..... ds. | If LESS than 1 day, 4 hrs. or 55 min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Balto.

PARENTS

10 NAME OF FATHER: John L. Stumpf

11 BIRTHPLACE OF FATHER (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Emma M. Long

13 BIRTHPLACE OF MOTHER (State or country): Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John L. Stumpf

(Address) 1250 S. Shaft St.

15.

Filed ....., 191....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. (Month) 14 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1917, to Aug 14 1917, that I saw h... alive on " " , 1917, and that death occurred, on the date stated above, at 2.45 m.

The CAUSE OF DEATH* was as follows:

Premature Birth
Blue baby 8 months

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. A Braun M. D.

Aug 14, 1917 (Address) 1200 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. | In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Aug 15, 1917
20 UNDERTAKER	ADDRESS
E. Schumacher Son	1039 Hanover

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7648

CERTIFICATE OF DEATH.

104

D 7648

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1367 Andre. ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jadwiga Popiolek

(Residence in Baltimore: No. 1367 Andre St.; .....yrs. 5 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write this word.)
Female	White	Single

6-DATE OF BIRTH, ... (Month) Mar (Day) 19, (Year) 1917

7-AGE, ... yrs. 5 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wladyslaw Popiolek

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Bronislawa Czarnecka

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bronislawa Popiolek

(Address) 1367 Andre St.

AUG 15 1917 HARRY O. ANDREWS

Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 14, (Day) 191 7 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 10 191 7, to Aug 14 191 7, that I saw her alive on Aug 13 191 7, and that death occurred, on the date stated above, at 7.20 a.m.

The CAUSE OF DEATH* was as follows:

Diarrhea & Enteritis

..... (Duration) .....yrs. .....mos. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) D. Perotta M. D.

8-17-, 191 7 (Address) 1570 Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary	Aug. 15, 191 7

20-UNDERTAKER. William Trautwein

ADDRESS 618 Eastern Ave.

D 7619

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7619

29

1 PLACE OF DEATH — Registered No. C

City of Baltimore (No. 1128 Brown St.; 17 Ward)

2 FULL NAME Samuel I. Hanson

(Residence in Baltimore: No. 1128 Brown St.; — yrs. — mos. — ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Aug. (Month) 7 (Day), 1887 (Year)

7 AGE: 29 yrs. 4 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer): Helper

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Jefferson Hanson

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Harriet Swales

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sadie A. Hanson

(Address) 1125 Brown St

15 Filed AUG 15 1917, 19... HARRY C. ARMEN Special Deputy Clerk

B REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug. (Month) 13 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1917. to Aug. 13, 1917. that I saw him alive on Aug. 13, 1917. and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) — yrs. — mos. 2 ds

Contributory (SECONDARY) Pulmonary tuberculosis

(Duration) — yrs. — mos. — ds.

(Signed) Wm. M. Kamebaker M. D.

Aug. 14, 1917 (Address) 209 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Leonard Town Md. DATE OF BURIAL: Aug 15 1917

20 UNDERTAKER: Daniel Easton ADDRESS: 916 Penna ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

D 7650

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 814 S. Glover ST.; 1 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Deehan
(Residence in Baltimore: No. 814 S Glover St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow
6-DATE OF BIRTH: (Month) Unknown (Day) , (Year) 1
7-AGE: 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.?
8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
9-BIRTHPLACE, (State or Country): Bohemia

PARENTS.
10-NAME OF FATHER: John Vavrek
11-BIRTHPLACE OF FATHER (State or Country): Bohemia
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (State or Country): Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John Deehan
(Address) 905 N Broadway

15- Filed Aug 15 1917, 191.. HARRY C. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 15 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1 191 7 to Aug 15 191 7, that I saw h[illegible] alive on Aug 15 191 7, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 15 mos. ds.
CONTRIBUTORY (Secondary) Cardiac Dropsy
(Duration) yrs. mos. 1 ds.

(Signed) Wm. J. Reese M. D.
Aug 15, 1917 (Address) 2411 E Oliver

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer — DATE OF BURIAL. Aug 17, 1917

20-UNDERTAKER. Jones Crack & Son — ADDRESS 1906 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

164 D 7651

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Marshall St.; 23 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith M. Myers

(Residence in Baltimore: No. 1618 Marshall St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 6, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, August Myers

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ada Durnes

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. A. Myers

(Address) 1618 Marshall

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1917, to Aug 14 1917, that I saw h[illegible] alive on Aug 13 1917, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ....yrs. ....mos. 2 ds.

(Signed) R. L. Campbell M. D.

Aug 15, 1917 (Address) 1618 W. Marshall

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Wade Burying Ground Aplco | DATE OF BURIAL, AUG 15 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 215 Light

AUG 15 1917

D 7652

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7652

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 222 Garrison Lane ST.: 20 WARD) REGISTERED No. C 29

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F. Carey

(Residence in Baltimore: No. 112 S. Calverton Rd St.; yrs., 58 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept (Month) 20 (Day), 1858 (Year)

7-AGE, 58 yrs. 11 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Veterinary Surgeon
(b) General nature of industry, business, or establishment in which employed (or employer): for Self Office

9-BIRTHPLACE, (State or Country). ~~Ireland~~ Balto. Md

PARENTS.

10-NAME OF FATHER, James F. Carey

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Martha Clark

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josie Carey

(Address) 305 Pulaski

15- 8/15/1917 HARRY C. ANDREWS Special Deputy Clerk

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 12, (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows: Myocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart (Duration) Sudden yrs. mos. ds.

(Signed) James M Kenlon M. D. (Coroner.)

Aug 14, 1917 (Address) 701 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Aug 15, 1917
20-UNDERTAKER	ADDRESS
Geo. Schwab & Bro	201 Frederick Ave.

Spec.—8 24-14—M. & T.—2000 Bks.

D 7653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7653

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 N. Carrollton ave. St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Leroy Brown

(Residence in Baltimore: No. 702 N. Carrollton ave St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) baby

6-DATE OF BIRTH, April (Month) 14 (Day), 1917 (Year)

7-AGE, ... yrs. 3 mos. 30 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Leroy R. Brown

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Cassie C. C. Kiel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cassie C. Kiel

(Address) 702 N. Carrollton ave

15- AUG 15 1917 HARRY C. ANDREWS

Filed ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 13 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1917, to Aug 13 1917, that I saw h im alive on August 13 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) — yrs. 9 mos. — ds.

(Signed) Charles E. Clark M. D.

Aug 13, 191.7. (Address) 1310 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters — DATE OF BURIAL, Aug. 15, 191.7.

20-UNDERTAKER M. Fahey & Sons — ADDRESS 606 Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

D 7654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

D 7654

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Cooper ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Sullivan

(Residence in Baltimore: No. 1411 Cooper St.; ..... yrs., 4 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 14, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. 4 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), City

10-NAME OF FATHER, Patrick Sullivan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Nellie Holland

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

AUG 15 1917 HARRY C. ANDREWS

Filed ....., 191... D..... Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 14, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 10 1917, to Aug. 14 1917, that I saw him alive on Aug. 14 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Acute gastro enteritis

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Toxaemia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. B. Kirwan M. D.

Aug. 15, 1917 (Address) 1202 W. Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Aug. 15, 1917

20-UNDERTAKER John J. Kirwan & Son — ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7055

91 ✓ D 7055

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 743 S Linwood Ave (St.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Malczewski

(Residence in Baltimore: No. 743 S Linwood Ave

Single yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct 22, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 9 mos. 23 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo Malczewski

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Anna Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Malczewski

(Address) 743 S Linwood Ave

AUG 15 1917

Filed ....., 191.....

..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 14th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 13th 1917, to Aug 14th 1917, that I saw her alive on ..... 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

..... Bronchitis Pneumonia

..... (Primary)

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Same

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Carol L. Weinman M. D.

8-14, 1917 (Address) 30 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary Cem	Aug 15, 1917.
20-UNDERTAKER	ADDRESS
Stephen J Gallenake	1019 S Linwood Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7656

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7656

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3618 Woodbrook ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Edward Snyder

(Residence in Baltimore: No. 3618 Woodbrook Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... May ..... 17 ....., 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... 2 mos. ..... 27 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balto City

PARENTS:

10-NAME OF FATHER, Harry L Snyder

11-BIRTHPLACE OF FATHER (State or Country), Roslyn Balto Co

12-MAIDEN NAME OF MOTHER Hellen M Gill

13-BIRTHPLACE OF MOTHER (State or Country), Sykesville Balto Co

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry L Snyder

(Address) 3618 Woodbrook ave

...led ....., 191.....

13 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug ..... 14 ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 13 1917, to Aug 14 1917, that I saw h[illegible] alive on Aug 14 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

..... (Duration) ..... yrs. ..... mos. 7 ..... ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fred B James M. D.

Aug. 14., 1917. (Address) 2.5.7.6. Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olive - Randallstown — DATE OF BURIAL, Aug 15, 191.7

20-UNDERTAKER W J Ecker & Son — ADDRESS North & Pa

Spec.—8-24-14—M. & T.—2000 Bks.

D 7657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 ✓

D 7657

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 407 N. Hoffman St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kindell Boston

(Residence in Baltimore: No. 407 N. Hoffman St.; 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 10, 1911
(Month) (Day) (Year)

7-AGE, 6 yrs. 6 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, Frank Boston

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Julia Lloyd

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Boston

(Address) 407 N Hoffman

6151917 HARRY C. ANDREWS

filed....., 191. Burial Permit Clerk

B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 12, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 14 1917, to Augt 12 1917, that I saw him alive on Augt 12 1917, and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonitis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Primary Malnutrition

(Duration) yrs. 3 mos. 12 ds.

(Signed) Jno. H. Crumbine M. D.

Aug 13, 191.7 (Address) 1019 Dulaney Valley Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Aug 14, 191.7

20-UNDERTAKER Samuel Hemsley

ADDRESS 5 Bond St

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7653

CERTIFICATE OF DEATH.

28 ✓ D 7653

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 N. Fayette ST.; 19 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank B. Toulson

(Residence in Baltimore: No. 1035 N. Fayette St.; 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, May 17th, 1874
(Month) (Day) (Year)

7-AGE, 43 yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wagon driver
(b) General nature of industry, business, or establishment in which employed (or employer): 023

9-BIRTHPLACE, (State or Country), Kent Co Maryland

10-NAME OF FATHER, Thos W. Toulson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Amanda Baker

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Toulson

(Address) 244 W Hoffman

AUG 15 1917 HARRY C. ANDREWS
Filed....., 191... BUREAU OF VITAL STATISTICS
205 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 14th, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9th 1917, to Aug 14 1917, that I saw him alive on aug 13 1917, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

about (Duration) 2 yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) John F. Granger M. D.

, 191... (Address) 1008 Edmondson a

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Chestertown Kent Co DATE OF BURIAL, Aug. 16., 1917.

20-UNDERTAKER Wilbur W. Stevens ADDRESS 1018 Edmondson

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7659

172 ✓

D 7659

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1551 Ensor ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Randall

(Residence in Baltimore: No. 1551 Ensor St.

St.: 4 0 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Oct 11, 1837 (Month) (Day) (Year)

7-AGE, 89 yrs. 10 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... House wife

9-BIRTHPLACE, (State or Country), Balto Md

10-NAME OF FATHER, John E. Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Anna Linwell

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nelson Campbell

(Address) 1551 Ensor St

AUG 15 1917 HARRY C. AN...

filed ....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to Aug 14 1917, that I saw her alive on Aug 10 1917, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Infirmities of old age

Accident (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Shock following a fall

(Duration) ....yrs. ....mos. ....ds.

(Signed) Joseph T. Hearing M. D.

Aug 14, 1917. (Address) 1621 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Aug 17, 1917.

20-UNDERTAKER Mrs E Evans & Son ADDRESS 1428 E Biddle St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7660.

CERTIFICATE OF DEATH.

D 7660.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 18 WARD)

REGISTERED No. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora Hamilton

(Residence in Baltimore: No. 1011 Vine St. St.; ..... yrs., 8 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE. Colored.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) 1 (Year)

7-AGE. 29 yrs. — mos. — ds.

If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)..... 041

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Lem. Tasker

11-BIRTHPLACE OF FATHER (State or Country), West Virginia

12-MAIDEN NAME OF MOTHER Dont Know.

13-BIRTHPLACE OF MOTHER (State or Country), West Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Hamilton

(Address) 1011 Vine st.

Filed AUG 15 1917 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1917, to Aug. 13, 1917, that I saw her alive on Aug. 13, 1917, and that death occurred, on the date stated above, at 9.30a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) J. Edward Norris M. D.

Aug. 13, 1917. (Address) St. Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. ..... da. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at home.

Former or usual residence 1011 Vine Street.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Aug. 14 1917.
20-UNDERTAKER Brown & Eveland	ADDRESS 114 N. Schroeder St

Spec.—8-24-14—M. & T.—2000 Blks.

D 7061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

D 7061

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. ST.: 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Smith

(Residence in Baltimore: No. 813 Columbia Ave St.; yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Feb 1 (Month) (Day), 1917. (Year)

7-AGE, ...yrs. 6 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Md.

10-NAME OF FATHER: Chauncey Smith

11-BIRTHPLACE OF FATHER (State or Country): Cuba

12-MAIDEN NAME OF MOTHER: Mary Tamburn

13-BIRTHPLACE OF MOTHER (State or Country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M Smith

(Address) 7 Columbia Ave

Filed AUG 15 1917, 191.. HARRY C. ARNOLD Burial Permit Clerk

M.B.S. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 15 (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 13 1917, to Aug 15 1917, that I saw her alive on Aug 15 1917, and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary): Acute Nephritis

(Duration) ....yrs. ....mos. 6 ds.

(Signed) A B Brumbaugh M. D.

Aug 15, 1917. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. 7 mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 813 Columbia Ave.

19-PLACE OF BURIAL OR REMOVAL: [illegible] DATE OF BURIAL, Aug 16, 1917.

20-UNDERTAKER [illegible] ADDRESS 818 Eighty

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

N 7662 120 N 7662

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #1108 Merryman Ave. ST.; 9 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Laabes

(Residence in Baltimore: No. #1108 Merryman Ave. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Jan. (Month) 8., (Day) 1854 (Year)

7-AGE, 63 yrs. 7 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, John Gump

11-BIRTHPLACE OF FATHER (State or Country), GErmany

12-MAIDEN NAME OF MOTHER Asked & not Knowen

13-BIRTHPLACE OF MOTHER (State or Country), Asked & not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Harry Charlton

(Address) #1108 Merryman Ave.

AUG 15 1917 HARRY C. ABRAMS
Filed....., 191.. Burial Permit Clerk

M.B.S. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 14-17 1917, to Aug 8th 1917, that I saw h3r alive on Aug 12th 1917, and that death occurred, on the date stated above, at 11½ A.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) 5? yrs. mos. ds.

(Signed) J. A. Tillotson M. D.

Aug 14, 1917. (Address) N. 7 Mein. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge

DATE OF BURIAL, Aug. 16...., 1917

20-UNDERTAKER R.S.Marshall

ADDRESS 3539 Falls Road

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

7663 ✓7663

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 W Fayette ST.) 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachelle Pantienus.

(Residence in Baltimore: No. 708 W Fayette St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March 29, 1917
(Month) (Day) (Year)

7-AGE, — yrs. 4 mos. 26 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS

10-NAME OF FATHER, Joseph Pantienus

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER no

13-BIRTHPLACE OF MOTHER (State or Country), no

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Pantienus.

(Address) 708 W Fayette St.

AUG 15 1917

Filed ....., 191... HARRY O. ... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1917, to Aug 14 1917, that I saw her alive on Aug 12 1917, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Cholera infantum

..... (Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Malnutrition

..... (Duration) ... yrs. 3 mos. ... ds.

(Signed) W. C. Dulinger M.D.

8/15, 191... (Address) 6 S. Columbus

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus	Aug. 15, 1917
20-UNDERTAKER	ADDRESS
John Grebliunas	425 S. Ciras

Spec.—8-24-14—M. & T.—2000 Bks.

D 7661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 REGISTERED No. C ..... D 7661

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1511 Clarkson ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H. Beckle

(Residence in Baltimore: No. 1511 Clarkson St.; ..... yrs., 6 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Feb 3 (Day), 1911 (Year)

7-AGE, ... yrs. 6 mos. 11 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country). Md.

10-NAME OF FATHER, Hy Beckle

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Beulah J Bailey

13-BIRTHPLACE OF MOTHER (State or Country). Md

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hy Beckle

(Address) 1511 Clarkson St

AUG 15 1917 HARRY C. ANDREWS
led ..... 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Aug 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1917, to Aug 14 1917, that I saw h[illegible] alive on Aug 13 1917, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) R. P. Campbell M. D.

Aug 14 1917 (Address) 1604 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Aug 15, 1917

20-UNDERTAKER M. A. Flynn — ADDRESS 1422 Light

D 7665

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

D 7665

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 917 Pendle Ct. St.: 17 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jonny Gray

(Residence in Baltimore: No. 917 Pendle Ct. St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Col.	Married

6-DATE OF BIRTH: Oct. 21, 1886 (Month) (Day) (Year)

7-AGE: 31 yrs. — mos. — ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): 023

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15. Filed AUG 15 1917 .... 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug. 13, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb'y 16, 1917, to Aug 13 1917.

that I saw him alive on Aug. 13, 1917.

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Cavular disease Heart)

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank E. Magner M. D.

Aug 13, 1917. (Address) 1006 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: PUBLIC CEMETERY. | DATE OF BURIAL: AUG 15 1917

20-UNDERTAKER: (Commissioner Health.) | ADDRESS

Per Jim E. Woodall

Spec.—8-24-14—M. & T.—2000 Blks.

D 7666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 7666

1-PLACE OF DEATH St. Elizabeth's Home REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Dill

(Residence in Baltimore: No. St. Elizabeth's Home St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, August ....., 1915
(Month) (Day) (Year)

7-AGE, 2 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

Filed AUG 15 1917, 191... HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 13., 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1917, to Aug 13 1917, that I saw him alive on Aug 13 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY. .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry Baldwin M. D.

8-13..., 191.7. (Address) 2031 W Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	....., 191...
20-UNDERTAKER	ADDRESS

Commissioner Health.
WOODALL

Secc.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 7067 — D 7067

120

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3057 Stafford ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gwendoline Bryant

(Residence in Baltimore: No. 3057 Stafford St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 13, 1876
(Month) (Day) (Year)

7-AGE, 41 yrs. mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife 037
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimor Md

10-NAME OF FATHER, John D. Woody

11-BIRTHPLACE OF FATHER (State or Country), Richmond Va

12-MAIDEN NAME OF MOTHER Mary Davidson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimor Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert S Bryant

(Address) 3057 Stafford St

Filed AUG 15 1917, 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 15, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apl 28 1917, to Aug 15 1917, that I saw h- alive on Aug 15 1917, and that death occurred, on the date stated above, at 5:15 a. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Myocarditis

Arteriosclerosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (Duration) yrs. mos. 2 ds.

(Signed) Robert C Mikell M. D.

Aug 15, 1917. (Address) 2249 Williams Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Aug 18, 1917.

20-UNDERTAKER William Cook

ADDRESS 501 E North Ave

Ed Fitch 2249 Williams Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7663

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1056 W Baltimore ST.; 18 WARD) 1864 REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Schaefer

Residence in Baltimore: No. 1056 W. Baltimore St.: 53 yrs., 6 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, white | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 9, 1841 (Month) (Day) (Year)

7-AGE, 75 yrs. 11 mos. 5 ds. | If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, John Reuss

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Schaefer

(Address) 1056 W. Baltimore

AUG 15 1917 HARRY C. ANDREWS

filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 6 1917, to Aug 14 1917, that I saw h.. alive on August 14 1917, and that death occurred, on the date stated above, at 2 00 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Jno. A. Smith M. D.

Aug 15, 1917 (Address) 5 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem | DATE OF BURIAL, Aug 17, 1917

20-UNDERTAKER Jos Jacobs & Son | ADDRESS 207 S. Paca

Spec.—5-19-13—M. & T.—500 Blks.

D 7069.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 ✓

D 7069.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Booth St. ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F Chase.

(Residence in Baltimore: No. 1520 Booth St St.; yrs. 5 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, March 3rd (Month) (Day) 1912 (Year)

7-AGE, yrs. 5 mos. 9 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Maryland.

10-NAME OF FATHER, James Chase.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Marie Burns.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie Burns

(Address) 1520 Booth St

AUG 15 1917 191... HARRY G. ANDES Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 12 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 7 191 7, to to Aug 12 191 7, that I saw h alive on Aug 12 191 7, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edgar E Tyner M. D.

Aug 13, 191 7 (Address) 520 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem DATE OF BURIAL, Aug 16 1917

20-UNDERTAKER A. Jones ADDRESS 207 S. Stricker St

Spec.—5-19-13—M. & T.—500 Bks.

D 7070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 ✓ D 7070

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 209 S. Monroe ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christine Dolores Ackerman

(Residence in Baltimore: No. 209 S. Monroe St.: ....yrs., 4 mos. 16 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sing'l

6-DATE OF BIRTH, Nov 30, 1912
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, Edward T. Ackerman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Christina Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward T. Ackerman

(Address) 209 S. Monroe St.

AUG 15 1917 HARRY C. ANDREWS

filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1917, to Aug 14 1917, that I saw h[illegible] alive on Aug 14 1917, and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Convulsion

2 hours

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Gastro Enteritis

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Howard Kahn M. D.

Aug 15, 191... (Address) 209 S. Monroe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, August 17, 1917

20-UNDERTAKER, Joseph L. Cook

ADDRESS 1003 W. Balto St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 ✓ D 7071

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Lamanelle

(Residence in Baltimore: No. 1639 N. Lamade St.; 57 yrs., 7 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May 22, 1860 (Month) (Day) (Year)

7-AGE, 57 yrs. 2 mos. 23 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Fred Lamanelle

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Englid

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp.

(Address) Calvert St.

Filed AUG 15 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 15, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 6 1915, to Aug 15 1917, that I saw h[illegible] alive on Aug 15 1917, and that death occurred, on the date stated above, at 11:54 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) .... yrs. .... mos. 6 ds.

(Signed) Edward P. Smith M. D.

8/15, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 6 ds. In the State Life yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? 1639 W. Lamade St

Former or usual residence 1639 W. Lamade St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Olivet Cem	Aug 17, 1917

20-UNDERTAKER Harry W. Ehlen ADDRESS 1900 W. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7072 — 43

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Washington

(Residence in Baltimore: No. 1600 E. Madison St.; 54 yrs., ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Married

6-DATE OF BIRTH, August (Month), ... (Day), 1863 (Year)

7-AGE, 54 yrs. ✓ mos. ✓ ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): " 040

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, George Washington

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Judy Peterson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry H. Lamberg

(Address) Johns Hopkins Hosp.

15- Filed AUG 16 1917, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 14 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from August 4 1917 to August 14 1917, that I saw h im alive on August 14 1917, and that death occurred, on the date stated above, at 11:39 p. m.

The CAUSE OF DEATH* was as follows:

Cancer of the breast
(Secondary)
Pulmonary Embolism
Operation

(Duration) 3 yrs. 10 mos. .... ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism (Duration) .... yrs. .... mos. 10 ds.

(Signed) Geo. R. Dunn M. D.

Aug 15, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. ✓ mos. 11 ds. In the State .... yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1600 E. Madison St

19-PLACE OF BURIAL OR REMOVAL, Fairmount Co Va — DATE OF BURIAL, Aug 16, 1917

20-UNDERTAKER W. B. Brock — ADDRESS 1405 McElderry

D. 7073

HEALTH DEPARTMENT—CITY OF BALTIMORE

PLACE OF DEATH

CERTIFICATE OF DEATH.

CITY OF BALTIMORE (No. 944 Saratoga St.; 18 WARD) REGISTERED No. C 7073

2-FULL NAME Henrietta Wright

(Residence in Baltimore: No. 944 Saratoga St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 1 (Day), 1891 (Year)

7-AGE, 26 yrs. 5 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Ind

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm. T. Wright

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Henrietta Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Wright

(Address) 944 Saratoga

15- Filed AUG 16 1917, 191... [redacted] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs.....mos.....ds.

(Signed) A. D. Driscoll M. D.
(Coroner.)

Aug 15, 191... (Address) 312 N Carrollton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion

DATE OF BURIAL, Aug 16 1917

20-UNDERTAKER John H. Toadvine

ADDRESS 143 Druid Hill Av

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7074 — 104 V — 7071

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelm Frieler

(Residence in Baltimore: No. 2 Newton ave St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Child

6-DATE OF BIRTH, Aug 15, 1916 (Month) (Day) (Year)

7-AGE, 1 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frederick Frieler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Wiedmann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Frieler

(Address) 2 Newton Ave

15- AUG 16 1917 Filed....., 191.... ROBERT B. KRAMER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 13 1917, to Aug 15 1917, that I saw him alive on Aug 15 1917, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Acute Ileo-colitis

(Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Schwarz M. D.

8-16-, 191.7 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 2 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 2 Newton Ave

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Aug. 17., 1917.
20-UNDERTAKER	ADDRESS
H. Sander & Sons	110 Eliot St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

D 7675

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Heilman

(Residence in Baltimore: No. 127 S. Regester St St.; 35 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, April 5th, 1860
(Month) (Day) (Year)

7-AGE, 57 yrs. 4 mos. 8 da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Factory 062

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Ernst Heilman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Heilman

(Address) 127 S. Regester St

AUG 16 1917

Filed ..., 191...

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 13, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 17 1917, to Aug 13 1917, that I saw h in alive on Aug 13 1917, and that death occurred, on the date stated above, at 1 4 m.

The CAUSE OF DEATH* was as follows:

Myocarditis + Nephritis

Not Known (Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Cardiac Insufficiency (Duration) yrs. mos. 2 da.

(Signed) H. Merkel M. D.

, 191... (Address) St Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 22 da. In the State 35 yrs. mos. da.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence 127 S. Regester St.

19-PLACE OF BURIAL OR REMOVAL, [illegible] Cem. DATE OF BURIAL, Aug. 16. 1917

20-UNDERTAKER H. Sauder Sons ADDRESS 1710 Pratt St

Spec.—8-24-14—M. & T.—2000 Blks.

D 7676

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7676

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 S. Bond ST.; 3 WARD)

2-FULL NAME Jadwiga Srebrowska (JADWIGA SREBROWSKI)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 626 S. Bond St ST.; yrs., 6 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Jan. 26, 1911
(Month) (Day) (Year)

7-AGE, yrs. 6 mos. 20 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): " " 000

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Joseph Srebrowski

11-BIRTHPLACE OF FATHER (State or Country), Russ Poland

12-MAIDEN NAME OF MOTHER Alexandra Golabek

13-BIRTHPLACE OF MOTHER (State or Country), Russ Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Srebrowski

(Address) 626 S. Bond St.

AUG 16 1917

Filed ....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 16, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1917, to Aug 16 1917, that I saw h er alive on Aug 15 1917, and that death occurred, on the date stated above, at 10 m.
The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) J. J. Valentine M. D.

Aug 16, 1917. (Address) 16 c Bentz

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Aug 16, 1917.

20-UNDERTAKER, William Fialkowski — ADDRESS 168 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 7677

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7677

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD) × 123

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert B. Olander

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

6-DATE OF BIRTH, Jan 15 (Month) (Day) 1861 (Year)

7-AGE, 56 yrs. 7 mos. 0 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), England

10-NAME OF FATHER, Earl L. Olander

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Annie Morris

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

AUG 16 1917

Filed....., 191.... ROBERT R. KRAUSER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 15 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1917, to Aug 15 1917, that I saw him alive on Aug 6 1917, and that death occurred, on the date stated above, at 5.24 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Not known

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Senile Changes

Not known

(Duration) ....yrs.....mos.....ds.

(Signed) Edward L. Smith M. D.

8/16 191.7 (Address) 1211 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 2 ds. In the State 7 yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Penn 7 yrs

Former or usual residence Pikesville Md

19-PLACE OF BURIAL OR REMOVAL, Berryville Va. DATE OF BURIAL, Aug 16 191.7

20-UNDERTAKER John C. Mitchell ADDRESS 1201 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 W. Lexington ST.: 20 WARD)

REGISTERED No. C 104

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Alder McHugh

(Residence in Baltimore: No. 2113 W. Lexington St.; yrs., 4 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 7 (Day), 1913 (Year)

7-AGE, yrs. 4 mos. 8 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Jas. Jos. McHugh

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Margaret Kramer

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. J. McHugh

(Address) 2113 W. Lexington

AUG 16 1917

Filed ....., 191.... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 5 1917, to Aug. 15 1917, that I saw h alive on Aug. 14 1917, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Acute gastro enteritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. C. [illegible] M. D.

8-15-, 191.7 (Address) 1302 W. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Aug. 16 191.7

20-UNDERTAKER George E. Farby ADDRESS Fayette & Fulton

D 7679. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. [illegible] ST.; [illegible] WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME [illegible]

(Residence in Baltimore: No. [illegible] St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. [illegible]

4-COLOR OR RACE, [illegible]

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) [illegible]

6-DATE OF BIRTH, [illegible] (Month) [illegible] (Day) [illegible] (Year)

7-AGE, [illegible] yrs. [illegible] mos. [illegible] ds.

If LESS than 1 day, [illegible] hrs. or [illegible] min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work [illegible]
(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

9-BIRTHPLACE, (State or Country), [illegible]

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (State or Country), [illegible]

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), [illegible]

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) [illegible]

15- Filed AUG 16 1917, 191.. ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, [illegible] (Month) [illegible] (Day), 191.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said [illegible] (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

[illegible]

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) [illegible] (Coroner) M. D.

[illegible], 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] In the State [illegible]

Where was disease contracted, if not at place of death? [illegible]

Former or usual residence [illegible]

19-PLACE OF BURIAL OR REMOVAL, [illegible] DATE OF BURIAL, [illegible], 19..

20-UNDERTAKER [illegible] ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 7680

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7680

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 Weber ST.; 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Razec

(Residence in Baltimore: No. 118 Weber St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec (Month) 10 (Day), 1897 (Year)

7-AGE, 19 yrs. 8 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Vincent Razec

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Frances Hodash

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Razec

(Address) 118 Weber St

AUG 16 1917

ROBERT P. KRAUTH

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1 1914, to Aug 14 1917, that I saw her alive on Aug 14 1917, and that death occurred, on the date stated above, at 11P m.

The CAUSE OF DEATH* was as follows:

Epilepsy

from history (Duration) 14 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J H Abraham M. D.

Aug 15, 1917 (Address) 1305 Light

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery

DATE OF BURIAL, Aug 17, 1917

20-UNDERTAKER James Dignan & Son

ADDRESS 1100 S Paca St

Spec.—5-19-13—M. & T.—500 Bks.

D 7681

HEALTH DEPARTMENT—CITY OF BALTIMORE

105 D 7681

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Woodyear ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Elizabeth Campbell

(Residence in Baltimore: No. 1004 Woodyear Av St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, unknown, 1853
(Month) (Day) (Year)

7-AGE, about 64 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): & Laundry work

9-BIRTHPLACE, (State or Country), Virginia

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Reuben Taylor

(Address) 1004 Woodyear Av

HUG [illegible] ROBERT P. KRAUER

led....., 191... Buried Here... (Date)

13 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 191 7, to Aug 14 191 7, that I saw her alive on Aug 13 191 7, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Enteritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Dyspepsia

(Duration) yrs. mos. ds.

(Signed) E E Davis M. D.

Aug 14, 1917 (Address) 2337 N Carrollton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn	Aug 17, 1917
20-UNDERTAKER	ADDRESS
Wm H Chase & Son	146 Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

D 7682 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7682

CERTIFICATE OF DEATH. 8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 S Gilmor ST.; 19 WARD) REGISTERED NO. C

2-FULL NAME Ruth Virginia Moerken

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 431 S. Gilmore St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Female	White	Single

6-DATE OF BIRTH, Sept. 10, 1916 (Month) (Day) (Year)

7-AGE, yrs. 11 mos. 5 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Carl Moerken

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Katherine Perin

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Moerken

(Address) 431 S. Gilmore

AUG 16 1917 ROBERT R. KRAUTER

filed ....., 191.... Clerk.

B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 15, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 12 1917, to Aug 15 1917; that I saw her alive on Aug 15 1917, and that death occurred, on the date stated above, at 5 10 5 m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) yrs. mos. ds.

(Signed) Thos G Ellis M. D.

Aug 16, 1917. (Address) Garrison Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Aug 17, 1917.

20-UNDERTAKER Wm Cook

ADDRESS 10 a.m. 502 E Monument

Spec.—8-24-14—M. & T.—2000 Bks.

D 7683 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7683

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 E Monument St.; 7 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Talen Garrison

(Residence in Baltimore: No. 626 n Bond St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, January (Month) 1 (Day) (Year)

7-AGE, 30 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House 037
(b) General nature of industry, business, or establishment in which employed (or employer): wife

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Louis Fallen

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Flora — Fallen

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Fallen

(Address) 626 N Bond st

15- AUG 16 1917 ROBERT R. KRAUSER

Filed ..... 191... Burial Permit Clerk.

..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 3 1917, to Aug 15 1917, that I saw h.r alive on Aug 15 1917, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

Dr Lefevre (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage (Duration) yrs. 2 mos. 6 ds.

(Signed) J Edward Lefevre M. D.

8-15-, 1917 (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Aug 17, 191...

20-UNDERTAKER John W Henderson

ADDRESS 31 N. Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

D 7684

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7684

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH 4211 Potter Ave.

CITY OF BALTIMORE: (No. ~~1112~~ Potter St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lyons

(Residence in Baltimore: No. 4211 ~~1112~~ Potter Ave St.; yrs., 50 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE, 74 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Mary Lyons

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

PARENTS.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lyons

(Address) 4211 Potter ave

AUG 16 1917

ROBERT R. KRAUTER
Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 15, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 23 1917, to Aug 15 1917, that I saw him alive on Aug 14 1917, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver disease

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Thomas B Hall M. D.

8-15-, 1917. (Address) Halethorpe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Aug 18 1917

20-UNDERTAKER John J Fields — ADDRESS 120 W. Lombard

D 7685

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7685

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 316 S Paca St. St. 19 Ward)

Registered No. C 104

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Annabell Morrisetta

(Residence in Baltimore: No. 316 S Paca St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: June (Month) 18 (Day) 1917 (Year)

7 AGE: yrs. 6 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: Harry Morrisetta

11 BIRTHPLACE OF FATHER (State or country): Balto

12 MAIDEN NAME OF MOTHER: Ruth M Arnold

13 BIRTHPLACE OF MOTHER (State or country): Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry Morrisetta

(Address) 316 S Paca St

15 AUG 16 1917 Filed, 191 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August (Month) 15 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 1, 1917, to August 14 1917, that I saw her alive on August 14, 1917, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Intestinal Tract

(Duration) yrs. mos. 20 ds.

(Signed) Sylvester Davis M. D.

, 191 (Address) 1 W Franklin Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Aug 17, 1917

20 UNDERTAKER: John J Fields — ADDRESS: 1200 W Fayette

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7686

CERTIFICATE OF DEATH.

120 ✓

D 7686

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Myrtle Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Phillips

(Residence in Baltimore: No. 1122 Myrtle Ave St.; 66 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, December 24, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS:

10-NAME OF FATHER, Gleentry Phillips

11-BIRTHPLACE OF FATHER (State or Country), Balt Md.

12-MAIDEN NAME OF MOTHER Elizabeth Barwick

13-BIRTHPLACE OF MOTHER (State or Country), Balt Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs I. Young

(Address) 1122 Myrtle St.

AUG 16 1917 ROBERT R. KRAUTER

....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 15th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1917, to Aug 15 1917, that I saw h er alive on Aug 14 1917, and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. 4 mos. 3 ds.

(Signed) Jno. T. Friedel M. D.

Aug. 15, 1917 (Address) 206 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore — DATE OF BURIAL, Aug. 17, 1917

20-UNDERTAKER Geo W Little — ADDRESS 531 Fremont Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7687.

CERTIFICATE OF DEATH.

54 D. 7687.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Community Hospital St. 4 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Cook

(Residence in Baltimore: No. 864 W Baltimore St.: ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, March (Month) 8 (Day), 1866 (Year)

7-AGE, 51 yrs. 5 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Upholsterer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 055

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, J Cook

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Ella E. Cook

(Address)... 414 Frederick Ave

AUG 16 1917 191... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 11 1917, to Aug 12 1917, that I saw him alive on Aug 12 1917, and that death occurred, on the date stated above, at 10 20 a.m.

The CAUSE OF DEATH* was as follows:

1(a) Pneumonia Lobar

(b)

(c)

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Frank C. Maxwell M. D.

8/16/17, 191... (Address) Community Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Aug 19, 1917

20-UNDERTAKER Jos Saunders Sons ADDRESS 2171 Pa

D 7688

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

105

D 7688

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 808 Ostend ..... 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances L. Johns

(Residence in Baltimore: No. 808 Ostend St.; 69 yrs. 11 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Aug — 25, 1847 (Month) (Day) (Year)

7-AGE: 69 yrs. 11 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): 041

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Levin Lee

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Lottie Robinson

13-BIRTHPLACE OF MOTHER (State or country): Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lottie Thomas

(Address) 808 Oslend

15- AUG 16 1917 Filed ..... 191.....

ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug- 13, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22, 1917, to, Aug 13 1917, that I saw her alive on Aug 13 1917, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Dysentary

(Duration) 2 yrs — mos. 22 ds.

Contributory (SECONDARY) Gastro Enteritis

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) F. C. Link M. D.

Aug 15 1917 [Address] 1313 W. North

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. — DATE OF BURIAL: August 17, 1917

20-UNDERTAKER: Theodore White — ADDRESS: 1133 W. Lafayette

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

REGISTERED No. C 7689

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 569 Hanover St.; 17 WARD)

2-FULL NAME Patrick Dugan (Doyle)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 569 Hanover St.; yrs., mos. ds.)

Rumsey Alley.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1867 (Year)

7-AGE, 50 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Laborer.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), U

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) No one

(Address).....

15- Filed AUG 16 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Aug. 12 (Day) 191 7 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Heart

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY Uremia
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) P. J. Wiesbaum M. D.
(Coroner.)

Aug 15, 191.. (Address) 819 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL AUG 16 1917 Department of Health.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7690. HEALTH DEPARTMENT—CITY OF BALTIMORE 164 D 7690.

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 Aline ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clifford R. Schroeder

(Residence in Baltimore: No. 1715 S. Charles St.; ~~Diff~~ yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June 2 (Month), (Day), 1917 (Year)

7-AGE, 0 yrs. 2 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER. Rudolph Schroeder

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Emma Kaiser

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Schroeder

(Address) 1715 S. Charles

15- Filed AUG 16 1917, 191.... ROBERT R. KRAUSER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 15 (Month), (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 13 1917, to Aug 15 1917, that I saw h[illegible] alive on Aug 15 1917, and that death occurred, on the date stated above, at 10.20 P m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) 0 yrs. 8 mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Cruikshank M. D.

Aug 16, 1917. (Address) 305 Leighton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Aug. 17., 1917.

20-UNDERTAKER E. Schlosser & Son ADDRESS 1039 W. Baltimore St.

D 7691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7691

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 150 Hanover St. ST.: 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Bell

(Residence in Baltimore: No. 150 Hanover St. St.; yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. (Month) 7 (Day), 1917 (Year)

7-AGE, X yrs. 4 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), Baltimore Co.

PARENTS.

10-NAME OF FATHER, William E. Bell

11-BIRTHPLACE OF FATHER (State or Country), Charles Co. Md.

12-MAIDEN NAME OF MOTHER Elsie Smoot

13-BIRTHPLACE OF MOTHER (State or Country), Charles Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elsie Bell

(Address) 150 Hanover St

15- Filed AUG 16 1917, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. E. Smith (Coroner) M. D.

8/16, 191 7 (Address) 910 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. A.A. DATE OF BURIAL, Aug 17, 1917

20-UNDERTAKER M. F. Flynn ADDRESS 1432 Light

D 7692

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH 547 Dolphin Av. 120 — REGISTERED No. C D 7692

CITY OF BALTIMORE (No. ... ST.: 17 ... WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno. Thos. Hammond

(Residence in Baltimore: No. 547 Dolphin Av. St.: ... yrs. 1 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: April 6, 1877 (Month) (Day) (Year)

7-AGE: 40 yrs. 4 mos. 10 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE (State or country): Bradley P. Baltimore Md

PARENTS

10-NAME OF FATHER: Geo. Hammond

11-BIRTHPLACE OF FATHER (State or country): Easton Md.

12-MAIDEN NAME OF MOTHER: Louisa Mathews

13-BIRTHPLACE OF MOTHER (State or country): Annapolis Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jennie Hammond.

(Address) 792 Franklin St

15- AUG 16 1917 Filed ... 191 ... ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug. 16, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 28, 1917, to Aug 16 1917, that I saw h[illegible] alive on Aug 15 1917, and that death occurred, on the date stated above, at 4.50 a m.

The CAUSE OF DEATH* was as follows:

Arteria-Sclerosis and Chronic Nephritis

(Duration) Several years

Contributory (SECONDARY) Arts-sclerosis with chronic Convulsions (Duration) ... yrs. ... mos. 3 ds.

(Signed) O. P. Mrse M. D.

Aug. 16, 1917 (Address) 1039 Edmondson Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Aug 17 191[illegible]

20-UNDERTAKER: G B. Oyer — ADDRESS: W[illegible] Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 7693 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7693

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Lanier

(Residence in Baltimore: No. 6 days (Johns Hopkins Hosp) St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	child

6-DATE OF BIRTH, May 17 (Month) (Day), 1917 (Year)

7-AGE, ... yrs. 3 mos. ..... ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer): 600

9-BIRTHPLACE, (State or Country), Raleigh N C.

PARENTS.

10-NAME OF FATHER, J. D. Lanier

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Elizabeth Green

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. A. Lubker

(Address) Johns Hopkins Hosp

AUG 16 1917 191..... ROBERT B. KRAUTER Registrar

Burial Permit .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 16 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1917, to Aug 16 1917, that I saw her alive on Aug. 16 1917, and that death occurred, on the date stated above, at 1 30 m.

The CAUSE OF DEATH* was as follows:

Internal Hydrocephalus

..... (Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Operation

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

(Signed) W E Hanby M. D.

Aug 16, 191.7 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death 6 yrs. mos. 6 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Raleigh N. C.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Fulbamston N. C.	Aug. 16., 191.7.
20-UNDERTAKER	ADDRESS
Elbert E Fuller	221 N Bradly

TYPE

Spec.—8-24-14—M. & T.—2000 Bks.

D 7694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105

D 7694

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 N. Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosabella Slade

(Residence in Baltimore: No. 1400 N. Mount St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): widow

6-DATE OF BIRTH: Unknown (Month) (Day), 1844 (Year)

7-AGE, 73 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

10-NAME OF FATHER: Samuel Robinson

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

PARENTS.

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Levi R. Slade

(Address) 1400 N. Mount St.

Filed AUG 16 1917 ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 16 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 11 1917, to August 16 1917, that I saw her alive on August 15 1917, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Entero Colitis

(Duration) —yrs. —mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Charles E. Clark M. D.

Aug 16, 1917. (Address) 1310 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westerns — DATE OF BURIAL, Aug 17 1917.

20-UNDERTAKER Wm Cook. — ADDRESS 526 Watt St

Spec.—8-24-14—M. & T.—2000 Blks. Dorothy S Willburn

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7695 D 7695

CERTIFICATE OF DEATH.

+ 29

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Sophie Willburn

(Residence in Baltimore: No. 428 East 7 St Sparrows Point St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb — 1915.
(Month) (Day) (Year)

7-AGE, 2 yrs. 6 mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) John Hopkins Hospital

Filed AUG 16 1917 191.....

ROBERT R. CRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 16, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 15 1917 to August 16 1917, that I saw her alive on August 16 1917, and that death occurred, on the date stated above, at 2.20 p m.

The CAUSE OF DEATH* was as follows:

General Miliary Tuberculosis

..... (Duration) ..... yrs. ..... mos. 23 ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

..... (Duration) ..... yrs. ..... mos. 11 ds.

(Signed) J. McR ..... M. D.

Aug 16., 191.7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 428 East 7 St Sparrows Point

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Aug 19 1917.

20-UNDERTAKER E. LeRoy Stoffler — ADDRESS 844 N 36 St

Spec.—8-24-14—M. & T.—2000 Blks.

D 7696

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7696

154

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 N. Stricker St. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Schenkelberg

(Residence in Baltimore: No. 310 N. Stricker St. St.; 65 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug. (Month) 5 (Day), 1830 (Year)

7-AGE, 87 yrs. ... mos. 10 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... None
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Mr Thoran

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Margaret Sangford

(Address) 310 N. Stricker St.

15- AUG 17 1917 ROBERT R. KRAUTER

Filed ..., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 15th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28th 1917, to August 15th 1917, that I saw h[er] alive on August 14th 1917, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ... yrs. ... mos. 18 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Robt J. Murray M. D.

Aug. 16th, 1917. (Address) 510 N. Fremont Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, August 17, 1917

20-UNDERTAKER Joseph B. Cook — ADDRESS 1132 N. Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7697

HEALTH DEPARTMENT—CITY OF BALTIMORE

+31 D 7697

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Ewall

(Residence in Baltimore: No. 3 days St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6-DATE OF BIRTH, January 24, 1853
(Month) (Day) (Year)

7-AGE, 64 yrs. 6 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Mercantile
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), England.

10-NAME OF FATHER, Richard Ewall

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Elizabeth Ewall

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

AUG 17 1917

Filed ....., 191.. ROBERT R. KRAUTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH August 16, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 14 1917, to Aug 16 1917, that I saw h[illegible] alive on Aug 16 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

Operation.

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Perforation of Stomach

(Duration) ....yrs. ....mos. 1 ds.

(Signed) [illegible] M. D.

Aug 17, 191.7 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Lancaster S.C.

19-PLACE OF BURIAL OR REMOVAL, Lancaster S C

DATE OF BURIAL, Aug. 17., 191.7

20-UNDERTAKER Allen & Fuller

ADDRESS 221 N Broadway

D 7698 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7698

CERTIFICATE OF DEATH. 151

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 106 E. Hughes St. St.; 22 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry H. Sturm

(Residence in Baltimore: No. 106 E. Hughes St.; yrs.. mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. (Month) 17, (Day) 1917 (Year)

7-AGE, ...yrs....mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....—
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm. E. Sturm

11-BIRTHPLACE OF FATHER (State or Country), Balto., Md.

12-MAIDEN NAME OF MOTHER Mary E. Sweeny

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Sturm

(Address) 106 E. Hughes St.

15- AUG 17 1917 ROBERT R. CRAUTER Filed....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 16., (Day) 1917. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Jaundice

(Duration) ....yrs....mos. 2 ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs....mos....ds.

(Signed) J. Edw. Smith M. D. (Coroner)

8/17, 191.. (Address) 910 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
St. Peters Cem.	Aug. 17., 19.17
20-UNDERTAKER	ADDRESS
M. J. Flynn	142 S. Light

Spec.—8-24-14—M. & T.—2000 Blks.

D 7690 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓D 7690

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.: [illegible] WARD) REGISTERED No. C 30

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irvin Fried

(Residence in Baltimore: No. 511 Bloom st. St.: 1 yrs., 6 mos., — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Child

6-DATE OF BIRTH, Feb — (Month), ... (Day), 1915 (Year)

7-AGE.	If LESS than 1 day,
1 yrs. 6 mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Harry Fried

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rose Fried

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Balto

Filed AUG 17 1917 ROBERT P. BEAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... August 17 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 15 1917, to Aug. 17 1917, that I saw him alive on Aug. 17 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

..... (Duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia & Pyelitis

..... (Duration) — yrs. — mos. 5 ds.

(Signed) I. Grant Jacobson M. D.

8/17/17, 191... (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 2 ds. In the State 2 yrs. 6 mos. — ds.

Where was disease contracted, if not at place of death? 511 Bloom st.

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Hebrew Rosedale	8/17..., 191...
20-UNDERTAKER Jack Lewis	ADDRESS 1411 E Balto

Spec.—8-24-14—M. & T.—2000 Blks.

D 7700

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7700

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 N. Carey ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Brown

(Residence in Baltimore: No. 1322 N. Carey St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Single

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) 1895 (Year)

7-AGE, 22 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bus Boy
(b) General nature of industry, business, or establishment in which employed (or employer): Waiter

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Brown

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Fanie Chandler

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H. Dennis

(Address) 1303 Prestman st.

AUG 17 1917 ROBERT B. KEUTER

Filed ....., 191. Burial Permit Clerk

..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Aug 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 13 1917, to Aug 14 1917, that I saw h[illegible] alive on Aug 14 1917, and that death occurred, on the date stated above, at 9.10 P. m.

The CAUSE OF DEATH* was as follows:

.....

Bronchio Pneumonia,

..... (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) W. N. Wright M. D.

Aug 14, 191 7. (Address) 1209 Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemetery

DATE OF BURIAL, AUG 17 1917

20-UNDERTAKER JAMES H. DENNIS

ADDRESS 1303 PRESTMAN ST

Spec.—8-24-14—M. & T.—2000 Blks.

D 7702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 D 7701.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Holdeman Gen Hosp ST.; 16 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty Jarrell

(Residence in Baltimore: No. Holdeman Gen Hosp. N of Hunt St.; ...yrs., ...mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, August 11, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 6 ds.
If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS:
10-NAME OF FATHER, Pierce Jarrell
11-BIRTHPLACE OF FATHER (State or Country), Virginia
12-MAIDEN NAME OF MOTHER, Ina E. Woodyard
13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mother of Child
(Address) ...

AUG 17 1917
Filed ..., 191.. B Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 17, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Aug 11 1917, to Aug 17 1917.
that I saw him alive on Aug 17 1917.
and that death occurred, on the date stated above, at ...m.
The CAUSE OF DEATH* was as follows:
Infra Cranial Hemorrhage
...
...
CONTRIBUTORY (Secondary) (Duration) ...yrs. ...mos. ...ds. (Pneumonia)
(Duration) ...yrs. ...mos. ...ds.
(Signed) H. C. Hancock M.D. M. D.
Aug 17, 191. (Address) 1419 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. 6 ds.
Where was disease contracted, if not at place of death? /
Former or usual residence /

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer. DATE OF BURIAL, 8-18-191.
20-UNDERTAKER Harry Ehlen ADDRESS 1944 W North Ave

Spec.—8-24-14—M. & T.—200 ds.

D 7702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 D 7702

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 Argyle ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Murry

(Residence in Baltimore: No. 1224 Argyle St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1879 (Year)

7-AGE, 38 yrs. ✓ mos. ✓ ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter do
(b) General nature of industry, business, or establishment in which employed (or employer): do

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Herman Murry

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Eliza Race

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ella Hall

(Address) 1224 Argyle Ave

Filed ....., 191.....

B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 15th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 191., to Aug 15 1917, that I saw h[illegible] alive on Aug 15 1917, and that death occurred, on the date stated above, at 1.20 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage - Stroke - and
Chronic Gastro-Enteritis.

(Duration) ....yrs....mos. 13 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs....mos....ds.

(Signed) B. Lee Rutter M. D.

Aug 16, 1917. (Address) 2137 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Aug 17 1917

20-UNDERTAKER Samuel Townsley — ADDRESS 578 N Eden

Spec.—8-24-14—M. & T.—2000 Blks.

Ruth E. Hayden,

D 7703

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7703

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Hebrew Hospital St.; [illegible] WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth E. Hayden

(Residence in Baltimore: No. 1906 Fleet St.; 11 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Child

6-DATE OF BIRTH, [illegible], 1 (Month) (Day) (Year)

7-AGE, yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER. John N. Hayden.

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER Frances Dorsk.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Ind.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. F. Sadowski

(Address) 705 S. Amm St

15-

Filed AUG 17 1917, 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 16, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 16 1917, to Aug. 16 1917, that I saw her alive on Aug. 16 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-enteritis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Israel Strauss M. D.

Aug. 16, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. Hrs. In the State yrs. 11 mos. ds.

Where was disease contracted, if not at place of death? 1906 Fleet St.

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Aug. 17, 1917.

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Amm St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7701

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7704

CERTIFICATE OF DEATH.

REGISTERED NO. C 5 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Hideu

(Residence in Baltimore: No. 1007 Low St. St.; 16 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 39 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER. Joseph Hideu

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bailey Hideu

(Address) 1607 Low St

15- 06 17 1917

Filed ....., 191.. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1917, to Aug 17 1917, that I saw him alive on Aug 17 1917, and that death occurred, on the date stated above, at 6.46 A m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis + Aortic Regurgitation
Chronic Myocarditis.

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 1/2 hr ds.

(Signed) Brail Hering M. D.

Aug 17, 191.7 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1007 Low St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herring Run — DATE OF BURIAL, Aug 17, 191.7.

20-UNDERTAKER M. L. Lennard — ADDRESS 1407 E Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7705

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 N Appleton ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Ruth Hawes

(Residence in Baltimore: No. 1119 N Appleton St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.)
Female	White	Sngl

6-DATE OF BIRTH, Oct (Month) 29 (Day) 1915 (Year)

7-AGE, 1 yrs. 9 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... No

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John F Hawes

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Antonia Voigt

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antonia Hawes

(Address) 1119 Appleton

15-

8/17/1917 ROBERT R. CRAUTER, Registrar of Vital Statistics

Filed....., 191.....

B Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 16 (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from July 31 1917, to Aug 16 1917, that I saw her alive on Aug 16 1917, and that death occurred, on the date stated above, at 3 40 p. m.

The CAUSE OF DEATH* was as follows:

Acute Ulcero Colitis

(Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) R Dorsch M. D.

Aug 17, 1917. (Address) 401 N Chester

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Aug 18, 1917.

20-UNDERTAKER John Herzog & Co — ADDRESS 2008 Orleans

D 7706

HEALTH DEPARTMENT--CITY OF BALTIMORE

81 ✓ D 7706

1 PLACE OF DEATH — CERTIFICATE OF DEATH

CITY OF BALTIMORE (No. 2200 Mt Royal Terrace St. 13 WARD) — REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Louise Segerman

(Residence in Baltimore: No. 2206 Mt Royal Terrace St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE, MARRIED WIDOWED OR DIVORCED~~ (Write the word): Widowed

6 DATE OF BIRTH: November (Month) 2 (Day), 1839 (Year)

7 AGE: 77 yrs. 9 mos. 14 ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION: (a) Trade, profession, or particular kind of work: At home (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Jacob Miller

11 BIRTHPLACE OF FATHER (State or country): Denmark

12 MAIDEN NAME OF MOTHER: Mary Ann Bliss

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Segerman

(Address) 2206 Mt Royal Terrace

15 AUG 17 1917 Filed ..... 191 ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August (Month) 16 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1917, to Aug 16, 1917, that I saw h.. alive on Aug 15, 1917, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 3 yrs. — mos. — ds

Contributory (SECONDARY) Carcinoma of lung (Duration) 0 yrs. 9 mos. 3 ds.

(Signed) Julius Friedmann M. D.

Aug 17, 1917 (Address) 1013 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Aug 18, 1917

20 UNDERTAKER: H E Hughes — ADDRESS: S Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D. 7707.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7707.

CERTIFICATE OF DEATH.

Reinhard Bornemann

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Joseph's Hospital St.; 9 James Ward WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Randolf Rheinhard~~ Reinhard Bornemann.

(Residence in Baltimore: No. St Joseph's Hospital St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Not known, 1 (Month) (Day) (Year)

7-AGE, 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Not known

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of St Joseph's Hosp.

(Address) Calvert & Hoffman Sts.

AUG 17 1917

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 16, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15, 1917, to Aug 16, 1917, that I saw him alive on Aug 16, 1917, and that death occurred, on the date stated above, at 3 am m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneum

(Duration) yrs. mos. 2 ds.

(Signed) J. Edward Norris M. D.

Aug 16, 1917. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ~~7~~ yrs. mos. ds. In the State 25 yrs. mos. ds.

Where was disease contracted, if not at place of death? ~~Not stated~~

Former or usual residence Wilkesbarre. Pa.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Aug 18, 1917.

20-UNDERTAKER Henry Hosch Son — ADDRESS 1311 E Eager St

D 7708

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 152 D 7708

CITY OF BALTIMORE (No. 929 E. Pleasant St. ST.: 10 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Maximillian A. Rohn. jr.

(Residence in Baltimore: No. 929 E Pleas ST.: yrs. mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Child

6 DATE OF BIRTH: 8. (Month) 14, (Day) 1917 (Year)

7 AGE: yrs. mos. 2 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Non
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto City

PARENTS

10 NAME OF FATHER: Maximillian A Rohn jr

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Edith Fishold.

13 BIRTHPLACE OF MOTHER (State or country): Washington D.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Maximillian A Rohn.
(Address): 929. E. Pleasant St

15 Filed AUG 17 1917, 1917 ROBERT R. KRAUTER Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 16, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1917, to Aug. 16 1917 that I saw h[illegible] alive on Aug. 15 1917 and that death occurred, on the date stated above, at 4 8 m.
The CAUSE OF DEATH* was as follows:

a Telectasis

(Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Allen C. Bareham M. D.
8-17-, 1917 (Address) 3139 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted. If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Balto Cem. DATE OF BURIAL: 8-17 1917

20 UNDERTAKER: Chumbertas & son ADDRESS: 3617 Chestnut ave

D 7709

Elizabeth L. Taylor

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

6 ✓

D 7709

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 9 E West St. ST. 23 WARD)

2-FULL NAME Elizabeth L Taylor

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 9 E West St.; yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept (Month) 2 (Day), 1916 (Year)

7-AGE: yrs. 11 mos. 14 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Cambridge Md

PARENTS

10-NAME OF FATHER: Frederick Taylor

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Alice Turbill

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frederick Taylor

(Address) 9 E West St.

15- AUG 18 1917 Filed ....., 191.....

ROBERT R. KRAUTER
Assistant Records Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 3, 1917, to, Aug 16 1917, that I saw h.. alive on Aug 16 1917, and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs mos. 13 ds.

Contributory (SECONDARY) Measles

(Duration) yrs mos. 3 ds.

(Signed), Henry B Kolb M. D.

Aug 17 1917. [Address] 1203 Light

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cambridge Md. DATE OF BURIAL: Aug 18, 191..

20-UNDERTAKER: E Lehmann & Son ADDRESS: Hanover St

D 7710

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 7710

CERTIFICATE OF DEATH.

REGISTERED No. C 74

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE (No. Mercy Hospital ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Bowen

(Residence in Baltimore: No. 95-8 Druid Hill Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	?

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, about 43 yrs 0 mos 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)..... 876

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Police Dept

(Address).....

15- Filed AUG 16 1917, 191..... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug 12 ....., 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Heart disease

..... Sudden

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D. (Coroner.)

Aug 16, 1917 (Address) 1859 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY	AUG 1 ....., 19....
20-UNDERTAKER (Commissioner Health.)	ADDRESS

D 7711

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7711

CERTIFICATE OF DEATH.

Registered No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. ..... St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

(Residence in Baltimore: No. ..... St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, ..., ... (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- AUG 18 1917 ROBERT R. KRAUTER
Filed ....., 191.... Registrar.
(Burial Permit Over)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., ..., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

Aug 16, 191.7 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	AUG 17 1917, 19....
20-UNDERTAKER	ADDRESS
(Commissioner Health.)	

Spec.—8-24-14—M. & T.—2000 Bks.

D 7712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7712

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 Wilhelm ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma Pillington

(Residence in Baltimore: No. 2019 Wilhelm St. St.; Life time (Yrs., Mos., Ds.))

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (Write the word) Single

6-DATE OF BIRTH, Nov 18th, 1916. (Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 29 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

10-NAME OF FATHER, Andrew Wallace.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Ruth Pillington

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ruth Pillington

(Address) 2019 Wilhelm St.

Filed AUG 18 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 16, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1917, to Aug 16 1917, that I saw her alive on Aug 17 1917, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Postmature Gestation

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Otho A. Thayer M. D.

Aug 18 1917 (Address) 2012 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery DATE OF BURIAL, AUG 18 1917 191...

20-UNDERTAKER Geo A Gerbig ADDRESS Baltimore St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 ✓ D 7713

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Biddle St ST.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Irene Brooks

(Residence in Baltimore: No. 1804 Biddle St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... April 10, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Walter Brooks

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Irene Chenoweth

13-BIRTHPLACE OF MOTHER (State or Country). Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irene Brooks

(Address) 1804 E. Biddle

15- AUG 18 1917

Filed....., 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug. 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1917, to Aug 17 1917, that I saw h[illegible] alive on Aug 16 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

..... Gastro Enteritis

..... (Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... Walter W. Mutch M. D.

Aug 17, 1917. (Address) 1100 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel

DATE OF BURIAL, Aug. 19, 1917

20-UNDERTAKER Henry Lutz

ADDRESS 1007 N. Bond

Spec.—8-24-14—M. & T.—2000 Bks.

D 7714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

34 ✓ D 7714

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Holling Warren

(Residence in Baltimore: No. St. Elizabeths Home St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, July 26, 1916 (Month) (Day) (Year)

7-AGE, 1 yrs. — mos. 20 dys. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, John C Warren

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Marcella White

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ann Mildred

(Address) St Elizabeths Home

Filed AUG 18 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 15, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Aug 8 1917, to Aug 15 1917, that I saw h[illegible] alive on Aug 15 1917, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Lupus Vulgaris

Admit

(Duration) ....yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Ewald J Smith M. D.

Aug 16, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? St Elizs Home

Former or usual residence St Elizs Home

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Aug 18 1917

20-UNDERTAKER George D. Holland ADDRESS 1691 Belmont Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7715

CERTIFICATE OF DEATH.

105

D 7715

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 Poplar Grove ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecilia Dandelet

(Residence in Baltimore: No. 908 Poplar Grove St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... July (Month) 5 (Day) 1855 (Year)

7-AGE. 62 yrs. 1 mos. 11 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto md.

PARENTS.

10-NAME OF FATHER, Wm. Wells.

11-BIRTHPLACE OF FATHER (State or Country), Balto Co.

12-MAIDEN NAME OF MOTHER Sarah Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marguerite Correas

(Address) 908 Poplar Grove St

15- AUG 18 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... August (Month) 16th (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16th 1917, to Aug 16th 1917, that I saw h[illegible] alive on Aug 16th 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (Duration) ..... yrs. ..... mos. 1/2 hr. ds.

(Signed) J. B. Culbertson M. D.

8/17, 1917. (Address) 1533 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Aug. 18, 1917.
20-UNDERTAKER Wm. Cook	ADDRESS 502 S North

Spec.—8-24-14—M. & T.—2000 stks.

D 7716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7716

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.: Park WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Barth (Barth

(Residence in Baltimore: No. 4711 - 1st st St.: ...yrs., 15 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Child

6-DATE OF BIRTH, May 7, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, William Barth

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Carrie Cooksie

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. William Barth

(Address) 4711 first st. Highlandtown

Filed AUG 18 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 16, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 10 1917, to Aug. 16 1917, that I saw h.m alive on Aug. 16 1917, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Catarrhal Diarrhea

..... (Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

T.B. ..... (Duration) Unknown

(Signed) L Jacobs M. D.

Aug. 16, 191.7. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 6 ds. In the State — yrs. 15 mos. — ds.

Where was disease contracted, if not at place of death? 4711 - 1st st

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Ms. Carmel — DATE OF BURIAL, Aug. 18, 191.7

20-UNDERTAKER Jos. J. Herr — ADDRESS 156 N. Luzerne

Spec.—8-24-14—M. & T.—2000 Blks.

D 7717.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7717

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3517 Springdale Ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Millard F. Coleman

(Residence in Baltimore: No. 2208 E. Lombard St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov 13, 1857 (Month) (Day) (Year)

7-AGE, 59 yrs. 9 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 46
(b) General nature of industry, business, or establishment in which employed (or employer): Bookkeeper

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Samuel Coleman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Maachah Corprew

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ida I. Coleman

(Address) 2208 E. Lombard St

15- Filed AUG 18 1917, 191.... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 16, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16, 1917, to Aug 16, 1917, that I saw him alive on Aug 16, 1917, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis causing mitral insufficiency

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anasarca of chest & abdominal walls.

(Duration) yrs. 1 mos. ds.

(Signed) E. E. Cornbrooks M. D.

Aug 16, 191.. (Address) 110 E. Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cem	Aug 19, 191.7
20-UNDERTAKER	**ADDRESS**
H. Allen Fuller	3517 Springdale Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (St.; or Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm James Gibson

(Residence in Baltimore: No. 218 E. Belmore St.; 45 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar. 17 (Month) (Day), 1869 (Year)

7-AGE, 48 yrs. 5 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Farm Hand.

9-BIRTHPLACE, (State or Country), Harpers Ferry. Va

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Gibson

(Address) 218 E. Belmore St

Filed AUG 18 1917, 191. ROBERT R. KRAUTER Registrar.

Burial

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 17 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1917, to Aug 17 1917, that I saw h.. alive on Aug 17 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Septicemia - Associated with Nephritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Carbuncle of back

(Duration) yrs. 1 mos. 16 ds.

(Signed) W. Todd Fennemore M. D.

Aug 17, 191 7 (Address) Franklin Sq Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 218 E. Belmore

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Aug. 19, 191..

20-UNDERTAKER Joseph D. Cook — ADDRESS 1003 W Baltimore St

D 7719

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7719

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 604 S. Washington St.; V WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kowalczyk

(Residence in Baltimore: No. 2323 Essex St; St.; yrs., 8 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	~~Single~~

6-DATE OF BIRTH, Dec (Month) 12 (Day), 1916 (Year)

7-AGE, 8 yrs. 11 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltro

PARENTS.

10-NAME OF FATHER, Karol Kowalczyk

11-BIRTHPLACE OF FATHER (State or Country), Russ Poland

12-MAIDEN NAME OF MOTHER Mary Szarzog

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Karol Kowalczyk

(Address) 2323 Essex St

15- AUG 18 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Investigation~~ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Henry Upman Burial Cty (Coroner.) M. D.

Aug 17, 1917. (Address) 16 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Aug 19, 19 17
20-UNDERTAKER	**ADDRESS**
Wm Jackowski	1618 Eagle

Spec.—8-24-14—M. & T.—2000 Bks.

D 7720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1917 D 7720

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 North Gilmor St. St. 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas George McDermott

(Residence in Baltimore: No. 526 North Gilmor St. St.; 61 yrs., 8 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, November 20, 1855, 1 (Month) (Day) (Year)

7-AGE, 61 yrs. 8 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book-keeper
(b) General nature of industry, business, or establishment in which employed (or employer): 96

9-BIRTHPLACE, (State or Country), Baltimore, Md.

10-NAME OF FATHER, Timothy McDermott

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Henrietta Martin

13-BIRTHPLACE OF MOTHER (State or Country), Frederick, Md.

PARENTS.

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss C Henrietta McDermott

(Address) 526 N. Gilmor St.

AUG 18 1917 ROBERT R. KRAUTER

....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 16, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 27 1917, to Aug 16 1917, that I saw h... alive on Aug 15 1917, and that death occurred, on the date stated above, at 11-00 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senile Emphysema

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jos. M. Thrasher M. D.

Aug. 17, 191.. (Address) 1500 St. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, 8.19....., 191.7.

20-UNDERTAKER Henry W. Meau Sons

ADDRESS 805 N. Eutaw St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7721

CERTIFICATE OF DEATH.

64 D 7721

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 W. Fayette ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine E. Snyder

(Residence in Baltimore: No. 2229 W. Fayette St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) ..... 1 (Day) (Year)

7-AGE, 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

10-NAME OF FATHER, John Snyder

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER ~~Unknown~~ Mary Wilson

13-BIRTHPLACE OF MOTHER, (State or Country). ~~Unknown~~ Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Edward Ramsay

(Address) 2229 W. Fayette St.

AUG 18 1917 ROBERT R. KRAUTER

Filed ....., 191... Burial Permit Clerk. Register.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 191 7, to Aug 16 191 7, that I saw h[illegible] alive on Aug 16 191 7, and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Uremia (Duration) [illegible] yrs. [illegible] mos. .....ds.

(Signed) Walter Thorpe M. D.

8/16/17, 191... (Address) 23 Oldenwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Aug 19 1917

20-UNDERTAKER Chas. P. Ward & Son ADDRESS W. Mt. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7722

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7722

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 N. Chapel ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Jonick

(Residence in Baltimore: No. 918 N. Chapel St.; 30 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... Not Known ..... (Month) (Day) (Year)

7-AGE, 54 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): +

9-BIRTHPLACE, (State or Country), Bohemia

10-NAME OF FATHER, John Radumicky

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Anna Svoboda

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

PARENTS.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Jonick

(Address) 918 N. Chapel St.

Filed AUG 18 1917, 191.....

ROBERT R. KRAUTER
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 17, 1917.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 15 191..., to Aug 17 191 7, that I saw h.r alive on Aug 17 191..., and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. ..... mos. 1 ds.

(Signed) F. Kurz Jr. M. D.

Aug 17, 191... (Address) 604 N Patterson Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Aug 20..., 1917.

20-UNDERTAKER Frank Kurz & Son — ADDRESS 1611 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

164

D 7723

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 916 N Milton Ave ST.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J. Brown

(Residence in Baltimore: No. 916 N Milton Av St.; ...yrs...mos...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Infant

6-DATE OF BIRTH, Feb (Month) 27 (Day) 1917 (Year)

7-AGE, ...yrs. 5 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS:

10-NAME OF FATHER, Joseph Brown

11-BIRTHPLACE OF FATHER (State or Country), Annapolis

12-MAIDEN NAME OF MOTHER Barbara Skarda

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Brown

(Address) 916 N Milton Ave

Filed AUG 18 1917, 191... ROBERT B. KRAUTER Burial Permit issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Aug (Month) 16 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 11 1917, to Aug 16 1917, that I saw him alive on Aug 15 1917, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Ulcerative Inter Colitis

(Duration) ...yrs. 9 mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ...yrs. ...mos. 3 ds.

(Signed) H Kerr Hall M. D.

Aug 17, 191 7 (Address) 604 N Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Com — DATE OF BURIAL: Aug 18, 1917

20-UNDERTAKER: Paul V Gaehsby — ADDRESS: 1906 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

D 7724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7725

+150

1-PLACE OF DEATH
CITY OF BALTIMORE; (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carlie Ellison

(Residence in Baltimore: No. Johns Hopkins Hospital St.; yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, September (Month) (Day) 1913 (Year)

7-AGE, 4 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), South Carolina

PARENTS.

10-NAME OF FATHER, W.W. Ellison

11-BIRTHPLACE OF FATHER (State or Country), S.C.

12-MAIDEN NAME OF MOTHER Gladys Holliday

13-BIRTHPLACE OF MOTHER (State or Country), S.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C.F. Smith

(Address) Johns Hopkins Hospital

AUG 18 1917

Filed ..... 191.. ROBERT R. KRAETER Burial Permit Clerk.

N.P.S. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 17 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 14 1917 to August 17 1917, that I saw her alive on August 17 1917, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Surgical Shock - Operation for acute gangrenous appendicitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 2 yrs. mos. ds.

(Signed) W.S.C. Cathy M. D.

Aug 17 191.7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Belton S.C.

19-PLACE OF BURIAL OR REMOVAL, Belton S.C. DATE OF BURIAL, Aug. 18, 191.7.

20-UNDERTAKER Willard C. Fuller ADDRESS 221 N. Bond St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7725

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 N. Eden St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Johnson

(Residence in Baltimore: No. 312 N. Eden St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): House Work

9-BIRTHPLACE, (State or Country), Land-Worx Co. Md

PARENTS.

10-NAME OF FATHER, Albert Bennett

11-BIRTHPLACE OF FATHER (State or Country), St Marys Co. Md

12-MAIDEN NAME OF MOTHER Cazanier Bennett

13-BIRTHPLACE OF MOTHER (State or Country), St Marys Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Husband William Johnson

(Address) 312 N Eden

Filed ..... 191.....

ROBERT B. KRAUTER
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 16 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from 8/6 191 7, to 16/8 191 7, that I saw h[illegible] alive on 14 Aug 191 7, and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH was as follows*

Mal Cerebri Pulmonale

Senility

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert Bell Burg M. D.

16/8, 191 7 (Address) 430 N Eden St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Albury Conn — DATE OF BURIAL, Aug 18, 1917.

20-UNDERTAKER Mrs R A Elliott — ADDRESS 506 East Pr

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7726 — 104 — D 7726

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Maryland Ave St.; 17 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Jones

(Residence in Baltimore: No. 1721 Maryland Ave St.; 1 yrs., 3 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, April 24, 1916 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 3 mos. 24 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Richard Jone

11-BIRTHPLACE OF FATHER (State or Country), N. Carolina

12-MAIDEN NAME OF MOTHER Stelle Love

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Bacon

(Address) 100 E. 20th St

Filed AUG 18 1917, 191... ROBERT R. KRAUTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 6 1917, to Aug. 17 1917, that I saw him alive on Aug. 16 1917, and that death occurred, on the date stated above, at 2.40 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ...yrs. ...mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Walter C. Bacon, M. D.

8/17/17, 191... (Address) 100 E. 20th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetary	Aug. 19, 1917
20-UNDERTAKER	ADDRESS
Mrs R A Elliott	504 East 25

Spec.—8-24-14—M. & T.—2000 Blks. N. 3812 D 7727

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7727 92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N Montford Ave; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C Gaus

(Residence in Baltimore: No. 1107 N Montford Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb (Month) ..... (Day), 1865 (Year)

7-AGE, 52 yrs. 6 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER Timothy Ryan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Lawhey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm C Gaus

(Address) 107 N Montford Ave

AUG 18 1917 ROBERT E. LEACH Burial Permit Clerk

Filed ....., 191.... 15. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 16th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15th 1917, to Aug 16th 1917, that I saw her alive on Aug 15 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

..... Pelvic Thrombosis

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

..... (Duration) ..... yrs. ..... mos. 5 ..... ds.

(Signed) R. S. Kirk ..... M. D.

Aug 17, 1917. (Address) 100 N Lakewood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Oak Lawn	Aug 20 1917
20-UNDERTAKER John A Inman & Son	ADDRESS Bmore

D 7723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 7723

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 907 Druid Hill ave. ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Hill.

(Residence in Baltimore: No. 907 Druid Hill ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colo

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1917 (Year)

Aged 5 days

If LESS than 1 day, ...hrs. or....min.?

.....yrs.....mos.....ds.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Hill

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lallie Hayward

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josiah Hill

(Address) 1342 n Fremont ave

15-

Filed AUG 18 1917, 191..... ROBERT B. KNAUER Clerk.

Burial Permit 4153 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hyaline Membrane of Lungs

Exhaustion

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Premature

.....(Duration).....yrs.....mos.....ds.

(Signed) J. J. Bellestan M. D.
(Coroner)

Aug 16, 191... (Address) 8 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, W.W. Auburn Cem. DATE OF BURIAL, Aug. 18th, 1917.

20-UNDERTAKER John H. Foudrick ADDRESS 907 Druid Hill ave

D 7729

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7729

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 783 S Robinson St. 1 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary McAdams

(Residence in Baltimore: No. 636 S Potomac St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Sept (Month) 9 (Day), 1859 (Year)

7-AGE, 57 yrs. 11 mos. 8 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 23
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Hamil McAdams

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mary McAdams

(Address)..... 636 S Potomac St

15- AUG 18 1917 ROBERT B. KRAUTER

Filed....., 191.....

Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug (Month) 17 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) Investigation find that said deceased came to..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY..... (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Thomas Hall Bush M. D. (Coroner.)

Aug 18 191 7 (Address) 1610 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, Aug 20, 1917

20-UNDERTAKER, Lilly & Feiler ADDRESS 403 N Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15

D 7730

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 McDonough St.; 7 WARD)

2-FULL NAME Infant R. John & Ethel Tucker

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1011 McDonough St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M | 4-COLOR OR RACE, W | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) S

6-DATE OF BIRTH, Aug 17, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 2 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS:

10-NAME OF FATHER, John R. Tucker

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ethel Chase

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) John R. Tucker

(Address) 1011 McDonough

Filed ....., 191.....

ROBERT A. LEATHER
Registrar.
Burial Permit Clerk

C 13 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 18, 191...
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 17 191 7, to ..... 191...,
that I saw her alive on Aug 17 191 7,
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Premature Birth 7 mos.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank C. Talbot M. D.

Aug 18, 191.7 (Address) 1419 Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem't | DATE OF BURIAL, Aug 18, 191.7.

20-UNDERTAKER Pinkler Pinkler | ADDRESS 1739 Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 7731

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 N. Dallas St.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Redmond

(Residence in Baltimore: No. 504 N Dallas St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) ..... (Year)

7-AGE, 30 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, John Redmond

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), ...

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Redmond

(Address) 504 N. Dallas St

AUG 18 1917 ROBERT P. CASKIE Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 16, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1917, to Aug. 16, 1917, that I saw h[illegible] alive on Aug. 15, 1917, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Simple Continued Fever (Duration) ....yrs. ....mos. 5 ds.

(Signed) M. D. Gibson M. D.

Aug 16, 191.7 (Address) 1520 Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery DATE OF BURIAL, Aug 17, 1917

20-UNDERTAKER C. E. Frost ADDRESS 1400 McElderry St

D 7732 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 7732

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 38 E. Hughes ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Proctor

(Residence in Baltimore: No. 38 E. Hughes St

5 yrs. mos. ds.)

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 25, 1885
(Month) (Day) (Year)

7-AGE, 32 yrs. 2 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER, Walter Proctor

11-BIRTHPLACE OF FATHER (State or Country) Washington D.C.

12-MAIDEN NAME OF MOTHER Laura Hall

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Angie Baker

(Address) 603 Leadenhall St

15-

Filed..... 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 16, 1913
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tubercular Abscess

(Duration) yrs. mos. da.

(Signed) F. Edgar Speed M. D.
(Coroner)

8/17, 191.. (Address) 711 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Aug 19 1913

20-UNDERTAKER— Samuel Heusler — ADDRESS 578 Low Bdle

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7733

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. 2342 E Monument St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Dang

(Residence in Baltimore: No. 2342 E Monument St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... Feb 15 ....., 1911
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 1 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, George Dang

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Ulrich

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Dang

(Address) 2342 E Monument St

AUG 18 1917

ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Issued.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug 16 ....., 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 14 1917, to Aug 16 1917, that I saw h.. alive on Aug 16 191..., and that death occurred, on the date stated above, at 8 S m.

The CAUSE OF DEATH* was as follows:

.....

.....

Gastro-intestinal Intoxication

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Enteric-Colitis

..... (Duration) 0 yrs. ....mos. 14 ds.

(Signed) Alvin B Lemmon M. D.

Aug 17, 191.. (Address) 7 E Fallsway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Emanuel Cem | DATE OF BURIAL, Aug 18 1917

20-UNDERTAKER Christian Miller | ADDRESS 1334 Jeffers St

Spec.—5-19-13—M. & T.—500 Bks.

D 7731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30 D 7731

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2420 E. Lafayette Ave. 8 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Elizabeth McDonald

(Residence in Baltimore: No. 2420 E. Lafayette Av. ~~St.~~ .....yrs., 4 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, March 25, 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 4 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, George H. McDonald

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Hazel M. Franks

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George H. McDonald (Father)

(Address) 2420 E Lafayette Ave

AUG 18 1917 ROBERT R. KRAUTER

Filed....., 191... Burial Permit Clerk

B Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1917, to Aug. 16, 1917, that I saw her alive on August 16, 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(Duration) —yrs. —mos. 20 ds.

CONTRIBUTORY (Secondary).....

(Duration)...yrs...mos...ds.

(Signed) Edwin B. Tenney, M. D.

Aug. 17, 1917. (Address) 1223 N. Caroline st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, BALTIMORE CEMETARY. DATE OF BURIAL, AUG 19 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7735

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 ✓ D 7735

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH Md. Gen'l. Hosp.

CITY OF BALTIMORE: (No. Linden Ave. & Madison ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Inhofe.

(Residence in Baltimore: No. 705 E. 22nd St. St.; ....yrs.,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ..., 1 (Month) (Day) (Year)

7-AGE, Abt 51 yrs....mos....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Geo Inhofe

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Thilman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Child

(Address) 705 E. 22nd St Baltimore

Filed....., 191.. ROBERT P. HARDEN Registrar. Burial Permit Clerk

MBC

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 16, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 18 1916, to Aug. 16 1917, that I saw her alive on August 16th 1917, and that death occurred, on the date stated above, at 3.50 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema
Arterio-sclerosis

(Duration) 4 yrs. 10 mos. 28 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) 4 yrs. 10 mos. 28 ds.

(Signed) J. H. Clark M. D.

Aug. 16, 1917. (Address) Md. Gen'l Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. 10 mos. 28 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 705 E. 22nd St

19-PLACE OF BURIAL OR REMOVAL, Bath Cemetery — DATE OF BURIAL, Aug. 18, 1917

20-UNDERTAKER W. J. Chisholm — ADDRESS Lemmon Walk

D 7736

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7736

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 3602 Durall St.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie L. Hominghausen

(Residence in Baltimore: No. 3602 Durkell St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: Jan (Month) 10 (Day), 1887 (Year)

7-AGE: 30 yrs. 7 mos. 18 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): City

PARENTS

10-NAME OF FATHER: Fred W Countze

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Emma Norbeck

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Norbeck

(Address) 3602 Durall

15- ROBERT B. KRAUTER

Filed AUG 18 1917 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1917, to, Aug 17 1917, that I saw h.r alive on Aug 17 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Addisons Disease
Catarrhal Jaundice

(Duration) 2 yrs mos. ds.

Contributory (SECONDARY) Acidosis & Paralysis respiratory Cause

(Duration) yrs. 1 mos. ds.

(Signed) C. Bruce Jones M. D.

Aug 17-1917. [Address] 2802 Roslyn Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug 20 1917

20-UNDERTAKER: W. F. Tickner & Sons — ADDRESS: Penna Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 7737 HEALTH DEPARTMENT—CITY OF BALTIMORE 92 D 7737

CERTIFICATE OF DEATH. REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3609 Fairview Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME V. Emory Gardner

(Residence in Baltimore: No. 3609 Fairview ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Married

6-DATE OF BIRTH, August 21 (Month) (Day), 1877 (Year)

7-AGE,	If LESS than 1 day,
69 yrs. 11 mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Claim Adjuster
(b) General nature of industry, business, or establishment in which employed (or employer): G S

9-BIRTHPLACE, (State or Country), Balto Co. Md

PARENTS.

10-NAME OF FATHER, Freeborn Gardner

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co. Md.

12-MAIDEN NAME OF MOTHER Ruth Buckingham

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. E. Gardner

(Address) Hamilton, Balto. Co.

Filed AUG 18 1917 191.... ROBERT R. K. AUTER Registrar. Burial Permit Issued

17775

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8 1917, to Aug 17 1917, that I saw h... alive on ....191.., and that death occurred, on the date stated above, at 4.50 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ...yrs. ...mos. 9 ds.

CONTRIBUTORY (Secondary) None

(Duration) ...yrs. ...mos. ...ds.

(Signed) Chas. Parker M. D.

8-17, 191.. (Address) 3116 N. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lorraine Cemetery	Aug 20 191..
20-UNDERTAKER Geo J Smith	ADDRESS Fayette &

D 773S

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 773S

CERTIFICATE OF DEATH.

REGISTERED No. C 151

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1209 Hellwood ave. ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Eleanor J. Crawford

(Residence in Baltimore: No. 1209 Hellwood ave. St.; yrs., mos. 3 ds.) 2

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, May 15, 1917.
(Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto City

PARENTS.

10-NAME OF FATHER, George A. Crawford.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Nannie F. Fletcher

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nannie Crawford.

(Address) 1209 Hellwood ave

15- AUG 18 1917 ROBERT B. KRAUTER

Filed ..... 191.. .....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May ..... 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Marasmus .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Cause.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

May 18 1917 (Address) 512 Roland ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampden — DATE OF BURIAL, May 18, 1917.

20-UNDERTAKER Thomas Tilston & Son — ADDRESS 367 Cathedral ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7733.

CERTIFICATE OF DEATH.

104 ✓ D 7733

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3222 Cedar Ave St.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda E. Robinson

(Residence in Baltimore: No. 3222 Cedar Ave. St.; ....yrs., 2 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, June (Month) 12 (Day) 1917 (Year)

7-AGE, ...yrs. 2 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore City

PARENTS.

10-NAME OF FATHER, Carl Jenkins

11-BIRTHPLACE OF FATHER (State or Country) Md.

12-MAIDEN NAME OF MOTHER Maggie Robinson

13-BIRTHPLACE OF MOTHER (State or Country) Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Robinson

(Address) 3222 Cedar Ave.

AUG 18 1917 ROBERT P. KRAUT

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 18 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1917, to Aug 18th 1917, that I saw h— alive on Aug 17th 1917, and that death occurred, on the date stated above, at 3-30 A.m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. H. Jarvis M. D.

Aug 18th 1917 (Address) 17 E. 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Marys Hanover | DATE OF BURIAL, Aug 18, 1917

20-UNDERTAKER, Ehrmantraut & Son | ADDRESS, 3617 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7710 ✓ T110 ✓

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Md. Gen. Hosp. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bartie C. Hatcherson

(Residence in Baltimore: No. Chestertown Md St.; ..... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) married

6-DATE OF BIRTH, May (Month) 12 (Day), 1872 (Year)

7-AGE, 45 yrs. 3 mos. 6 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Own

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Hatcherson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Kath. Wood

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Hutchinson

(Address) Chestertown Md.

Filed AUG 18 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 16 1917, to Aug 18, 1917, that I saw him alive on Aug 18 1917, and that death occurred, on the date stated above, at 9 55 p. m.

The CAUSE OF DEATH* was as follows:

1. Mesenteric thrombosis

2. Gangrene

Duration ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Gangrene of intestine

Duration ..... yrs. ..... mos. 2 ds.

(Signed) C. A. Dawson M. D.

Aug 18, 1917. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 45 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Chestertown, Md.

19-PLACE OF BURIAL OR REMOVAL, Chestertown Md. DATE OF BURIAL, Aug 18, 1917

20-UNDERTAKER George J. Smith ADDRESS 1000 N Gay St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81

D 711

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2541 Greenmount Av St.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Augusta Johnson

(Residence in Baltimore: No. 2541 Greenmount av St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (*Write* the word.)
Female	white	widow

6-DATE OF BIRTH, Nov 10, 1865
(Month) (Day) (Year)

7-AGE, 51 yrs. 9 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Augustus Parr

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rebecca Walker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H M Freeman M.D.

(Address) 1611 Linden ave

AUG 19 1917 filed....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 18, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1917, to Aug 17 1917, that I saw h er alive on Aug 17 1917, and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis of Lungs

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 6 yrs. mos. ds.

(Signed) H M Freeman M. D.

....., 191... (Address) 1611 Linden ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	Aug 21 1917
20-UNDERTAKER Wm Cook	ADDRESS 762 E. North ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7742 — 30 — D 7742

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Surburban Ave ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar Haney

(Residence in Baltimore: No. 1 Surburban Ave Waverley St.; 3 yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) June (Day) 1 (Year)

7-AGE, 3 yrs. 8 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Linrod Haney

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Ada McDaniel

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ada Haney

(Address) 1 Surburban Ave

Filed AUG 19 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1917, to Aug. 18 1917, that I saw him alive on Aug. 18 1917, and that death occurred, on the date stated above, at 1.50 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculas Meningitis

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. J. Gillbury M. D.

Aug. 18, 1917. (Address) 2801 Eutaw Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampstead — DATE OF BURIAL, Aug 20., 1917.

20-UNDERTAKER Wellwin Cook — ADDRESS 508 N. Eutaw

(OK. C.F.J.)

Spec.—5-19-13—M. & T.—500 Blks.

D 7743

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 7743

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Bradley ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W Inson

(Residence in Baltimore: No. 811 Bradley St St.; 28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col.	Married

6-DATE OF BIRTH, ... (Month) Dec. (Day) ..... (Year) 1888

7-AGE, 28 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Charles H Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Johnson

(Address) 811 Bradley St.

AUG 19 1917

Filed ....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Aug. (Day) 17, (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1917, to Aug 17 1917, that I saw h im alive on Aug 15th 1917, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 4 yrs. 3 mos. 4 ds.

CONTRIBUTORY (Secondary) [illegible] (Duration) [illegible] yrs. mos. ds.

(Signed) Arnold Schultz M. D.

Aug 18, 1917 (Address) 206 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion Cem	Aug 19 1917
20-UNDERTAKER Daniel Taylor	ADDRESS 976 Gemma ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 7744

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 180 W Hamburg ST.; 23 WARD) REGISTERED NO. C.....

2-FULL NAME Annie Parker

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 180 W. Hamburg St St.; 74 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) 1842 (Year)

7-AGE, 75 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work No occupation
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo N. Gray

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Catherine Broom

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Parker

(Address) 180 W. Hamburg St

Filed AUG 19 1917, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 15 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 12 1917, to Aug 15 1917, that I saw h[illegible] alive on Aug 15 1917, and that death occurred, on the date stated above, at 10.15 a.m.

The CAUSE OF DEATH* was as follows:

Int. acute nephritis

(Duration) ... yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Arterio. sclerosis

(Duration) ... yrs. 1 mos. ... ds.

(Signed) [illegible] M. D.

8/17/17, 191.. (Address) 136 W Hamburg St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Aug 19, 191.

20-UNDERTAKER John H. Toadvine

ADDRESS 1421 W Shire St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7745

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1354 Whatcoat St.; 15 WARD)

REGISTERED No. C 7745 D 7745

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Anderson

(Residence in Baltimore: No. 1354 Whatcoat St.; Life. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, Aug 2, 1839 (Month) (Day) (Year)

7-AGE, 78 yrs. ✓ mos. 15 ds. ✓ If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stone ✓
(b) General nature of industry, business, or establishment in which employed (or employer) Retired Hod Carrier

9-BIRTHPLACE, (State or Country), Queen Anne Co. Md.

PARENTS.

10-NAME OF FATHER, John T. Anderson

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Rebecca Trusty

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo E Shannon

(Address) 700 Fulton Ave.

Filed AUG 19 1917, 19.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 16 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from January 1 1917, to Aug 16 1917, that I saw h[im] alive on Aug 13 1917, and that death occurred, on the date stated above, at 8.30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ✓ yrs. 9 mos. ✓ ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) ✓ yrs. 3 mos. ✓ ds.

(Signed) Geo E Shannon M. D.

Aug 18, 1917. (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Aug 19, 1917

20-UNDERTAKER John W Woodrow — ADDRESS 1426 Ha[rford]

Spec.—8-24-14—M. & T.—2000 Bks.

D 7746

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7746

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 S. Regester ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Pika

(Residence in Baltimore: No. 515 S. Regester St.; yrs. 5 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb (Month) 25 (Day), 1916 (Year)

7-AGE, yrs. 5 mos. 23 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, John Pika

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Nellie Demczynska

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Pika

(Address) 515 S. Regester St.

Filed AUG 19 1917, 191.....

ROBERT P. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 18 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 13 191 7, to Aug 18 191 7, that I saw h— alive on Aug 18 191 7, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. Valentine M. D.

Aug 18, 191 7 (Address) 168 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary | DATE OF BURIAL, Aug 20 191 7

20-UNDERTAKER Wm Hallowell | ADDRESS 1618 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7747

CERTIFICATE OF DEATH.

91 D. 7747

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Ward 6 St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Corrina I. Robinson

(Residence in Baltimore: No. Church Home & Infirmary St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ ~~OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF ~~BIRTH~~, February (Month) 21 (Day), 1840 (Year)

7-AGE, 77 yrs. 5 mos. 24 ds. If LESS than 1 day, ...hrs. or .....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Brooklyn N. Y.

PARENTS.

10-NAME OF FATHER, John Robinson

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER, Ann E. Bruce

13-BIRTHPLACE OF MOTHER (State or Country), Edinburgh Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Calvin T. Robinson

(Address) 119 E. 23rd St.

AUG 19 1917 filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 17 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 28 1910, to Aug 17 1917, that I saw her alive on Aug 14 1917, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Arthritis

..... (Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Wm H Fuller M. D.

Aug. 18, 1917 (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. 9 mos. 20 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Church Home & Infirmary

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Aug. 19, 1917

20-UNDERTAKER, H E Hughes — ADDRESS 17 S Broadway

D 7748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 7748

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 918 Davis and 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Butarrio (nee Citaro)

(Residence in Baltimore: No. 918 Davis St

St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Oct. 8 — Italy, 1893.
(Month) (Day) (Year)

7-AGE: 23 yrs. 9 mos. 30 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): HW +

9-BIRTHPLACE (State or country): Italy

PARENTS

10-NAME OF FATHER: Giuseppe Sparro

11-BIRTHPLACE OF FATHER (State or country): Italy

12-MAIDEN NAME OF MOTHER: Madora Montalena

13-BIRTHPLACE OF MOTHER (State or country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Madora Sparro

(Address) 918 Davis St

15-

Filed AUG 19 1917 ROBERT B. KRAUTER

Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 8, 1917
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from April, 1917, to Aug 8 1917.
that I saw h... alive on Aug 8 1917.
and that death occurred, on the date stated above, at 10 m.
The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) about 1 year yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Chas Ryan Just ey M. D.
Aug 9 1917 (Address) 640 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Vincents Cem. DATE OF BURIAL: August 1917

20-UNDERTAKER: Tilly & Jails ADDRESS: 403 W Lafayette

D. 7749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 D. 7749
REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1600 W. Lanvale ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn B. Eby

(Residence in Baltimore: No. 1600 W. Lanvale St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, December 7th, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm H Eby

11-BIRTHPLACE OF FATHER (State or Country), Penn

12-MAIDEN NAME OF MOTHER Ruby L. Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H Eby

(Address) 1600 W. Lanvale

15-

Filed AUG 19 1917, 191.... ROBERT B. KRAUTER
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.)
find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fatal Epilepsy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nil

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

Aug 18, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Littlestown Pa

DATE OF BURIAL, Aug 20th, 19...

20-UNDERTAKER John J Fields

ADDRESS 1200 W Lombard

D. 7750

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7750

CERTIFICATE OF DEATH.

REGISTERED No. C 4159

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 12 N. Harrison ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl. Sanford

(Residence in Baltimore: No. 139 E. West St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 16, (Month) (Day) 1894 (Year)

7-AGE, 23 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Gro

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. George Sanford

11-BIRTHPLACE OF FATHER (State or Country), Kent Co. Md

12-MAIDEN NAME OF MOTHER Bythe

13-BIRTHPLACE OF MOTHER (State or Country), Kent Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Sanford

(Address) 139 E West St

15- AUG 19 1917 Filed..... 191. ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 16, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by pistol shot wound in Temple

Instant (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. J. Tully M. D.

Aug 17, 191 7. (Coroner) (Address) 1659 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Aug 17, 1917

20-UNDERTAKER Mrs. J. E. Dean & Son ADDRESS 1421 N. Charles

D 7751

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

172

D 7751

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 3843 Bonner Rd ve Walbrook St.: 15 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Hyser

(Residence in Baltimore: No. 3843 Bonner Rd. & Walbrook Ave St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	White	Widowed

6-DATE OF BIRTH ..... (Month) ..... (Day), 1818 (Year)

7-AGE 98 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John Barger

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Catharine Guney

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Barger

(Address) 3843 Bonner Road

15. Filed AUG 19 1917, 19.. — ROBERT R. KRAUTER — Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug (Month) 18 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1917, to Aug 18 1917 that I saw her alive on Aug 17, 1917 and that death occurred, on the date stated above, at 1.25 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Hypostatic
Accidental fall from Chair
(Duration) yrs. ..... mos. 3 ds

Contributory (SECONDARY) Acute Dilatation Heart
(Duration) yrs. ..... mos. ..... ds.

(Signed), Chas A. Fetterhoff M. D.
Aug 19, 1917 (Address) 1307 W Pratt ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: Aug 20, 1917

20-UNDERTAKER: John O Mitchell — ADDRESS: 1201 W Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

D. 7752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1184 D. 7752

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Marion Riley

(Residence in Baltimore: No. 1508 Riggs Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. ....Unknown...., 1..... (Month) (Day) (Year)

7-AGE, ...30....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....Housewife +
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo A Hartless

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Sarah Lumlum

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)...Mrs. Riley

(Address)...1508 Riggs Ave

15- AUG 19 1917 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. August 18, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1917, to August 18 1917, that I saw her alive on August 18 1917, and that death occurred, on the date stated above, at 10 30 m.

The CAUSE OF DEATH* was as follows:
Carcinomatosis - Ovarian Origin
Fecal Impaction & Colostomy
Cardiac Dilatation & Valvular Disease
Pregnancy, Labor, Puerperium

(Duration)...2 yrs...2 mos.....ds.

CONTRIBUTORY (Secondary) None

(Duration)...yrs...mos...ds.

(Signed)...Thomas Reed M. D.

....., 191... (Address) 2551 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death...yrs...mos. 5 ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death? 1508 Riggs Ave

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Valston Hayden Co DATE OF BURIAL. Aug 21, 1917

20-UNDERTAKER W. J. Fichtner & Son ADDRESS Pimlico

D 7753

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 D 7753

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 831 So Bond St. St.; W WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Jankowska

(Residence in Baltimore: No. 831 S Bond St

St.; 57 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX~~ Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Germany Poland

PARENTS.

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany Poland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rose Pulaski

(Address) 831 S Bond St

15- Filed AUG 19 1917 191 ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to. H. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry Grill Jr M. D. (Coroner.)

Aug 18, 1917 (Address) 1610 E Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St Stanislaus, DATE OF BURIAL, Aug 21 1917

20-UNDERTAKER G. F. Vadowski ADDRESS 905 So Ann

Spec.—5-19-15—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7754

CERTIFICATE OF DEATH.

20 ✓ D 7754

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 St. Greenmount Ave (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Neaker

(Residence in Baltimore: No. 2327 Greenmount St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Feb ....., 1847
(Month) (Day) (Year)

7-AGE, 70 yrs. 6 mos. ..... ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jos Baumd

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Reitzheim

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Neaker

(Address) 2327 Greenmount Ave

Filed AUG 19 1917 191..... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 / 17 , 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/1 1917, to 8/17/17 1917, that I saw h[er] alive on 8/17/17 1917, and that death occurred, on the date stated above, at 4[20] m.

The CAUSE OF DEATH* was as follows:

Leg ulcers with - Bhp
Septicemia

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) General debility and old age

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M.D.

8/18, 1917 (Address) 2906 - Greenmount

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cols. Redeemer — DATE OF BURIAL, Aug 20, 1917

20-UNDERTAKER C. A. Wiedefeld — ADDRESS Greenmount Av

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327- Greenmount ave St.; ~~WARD~~)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Neaker

(Residence in Baltimore: No. 2327- Greenmount ave St.; yrs. 69 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	White	Widow

6-DATE OF BIRTH, Feb — (Month) (Day), 1847 (Year)

7-AGE, 70 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Jos. Bunn.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER — Reitzheim

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Neaker

(Address) 234 Greenmount Ave

15-

filed....., 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) / 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1 / 1 1905, to 8 / 17 1917, that I saw her alive on 8 / 17 1917, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Septicaemia

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Old age, General debility (Duration) ...yrs. ...mos. ...ds.

(Signed) H. Stanley Gosnell M. D.

8/20, 1917 (Address) 1400 E. Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Aug 20, 1917

20-UNDERTAKER C. A. Midgley — ADDRESS 2427 Greenmount ave

D 7755

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7755

CERTIFICATE OF DEATH.

150

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3023 Grayson ST. 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carol Foster Downs

(Residence in Baltimore: No. 3023 Grayson St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word)
Male	White	Single

6-DATE OF BIRTH, Feb 24 (Month), (Day), 1917 (Year)

7-AGE, 0 yrs. 5 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, A. Foster Downs

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Frida C. Marks

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Foster Downs

(Address) 3023 Grayson St.

15-

Filed AUG 19 1917, 191.. ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug. 18 (Month), (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

D 7756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 D 7756

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Cor Russell & Cross St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Edward Fontz.

(Residence in Baltimore: No. 1015 Ridgely St / St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Married

6-DATE OF BIRTH, July 21, 1857
(Month) (Day) (Year)

7-AGE 60 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Fontz.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ruth Legg.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Fontz.

(Address) 1015 Ridgely St

15-

Filed AUG 19 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 16, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. C. Guck M. D.
(Coroner)

8/17, 191.. (Address) 910 Eight St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	Aug 19 1917.
20-UNDERTAKER	ADDRESS 1034
E. Schloman & Son	Hanover St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7757.

CERTIFICATE OF DEATH.

15 D 7757.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Cohen

(Residence in Baltimore: No. 1004 E. Pratt St. St.; ....yrs,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	S.

6-DATE OF BIRTH, Aug. 12, 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 4 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....None....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Max Cohen

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fanny Roman

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fanny Cohen

(Address) 1004 E. Pratt St.

Filed AUG 19 1917, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1917, to Aug 19 1917, that I saw h[illegible] alive on Aug 19 1917 and that death occurred, on the date stated above, at 2:45 P.M.

The CAUSE OF DEATH* was as follows:

Hemorrhagia

(Duration) ....yrs....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs....mos....ds.

(Signed) Edward A. Smith M. D.

Aug 19, 1917 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 ds. In the State....yrs....mos. 2 ds.

Where was disease contracted, if not at place of death? Mercy Hosp

Former or usual residence Mercy Hosp.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel DATE OF BURIAL, Aug 19, 1917

20-UNDERTAKER S Lennon & Bro ADDRESS 1707 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 7758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 7758

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 S. Port ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Wiley

(Residence in Baltimore: No. 718 S. Port St.; 6/6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 6 (Month), 1866 (Day), (Year)

7-AGE, 50 yrs. 9 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 4 years
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, William Wiley

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Louisa Files

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Wiley

(Address) 718 S. Port St.

15- Filed AUG 19 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1917, to Aug 17 1917, that I saw him alive on Aug 17 1917, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Chronic Tubal Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(Duration) yrs. 1 mos. ds.

(Signed) C. E. Love M. D.

Aug 19, 1917. (Address) 2701 Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Aug 21, 1917.

20-UNDERTAKER H. Sander & Sons — ADDRESS 1710 Eutaw St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7759

CERTIFICATE OF DEATH.

120 D. 7759

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2527 Foster Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles R. Engler

(Residence in Baltimore: No. 2527 Foster Ave St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Feb. 1st, 1856
(Month) (Day) (Year)

7-AGE, 61 yrs. 6 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shorekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Karl Engler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. R. Engler

(Address) 2527 Foster Ave

AUG 19 1917

ROBERT B. KRAUTER

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 17th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 12th 1917, to Aug 17th 1917, that I saw h[im] alive on Aug 16th 1917, and that death occurred, on the date stated above, at 11 A.M. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Arteral Sclerosis

..... (Duration) yrs. to my knowledge mos. 5 ds.

CONTRIBUTORY (Secondary) Nephritis

..... (Duration) yrs. to my knowledge mos. 5 ds.

(Signed) C. N. Bittner M. D.

Aug 17, 191.. (Address) 100 S. Patterson Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Pauls

DATE OF BURIAL, Aug 20, 191..

20-UNDERTAKER H. Sauer & Son

ADDRESS 1210 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7760 — D 7760

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 Lemon ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Henry Miller

(Residence in Baltimore: No. 1823 Lemmon St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 7, 1917
(Month) (Day) (Year)

7-AGE, no yrs. 1 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John F. Miller

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Laura L. Christler

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Miller

(Address) 1823 Lemon St

15-
Filed AUG 20 1917, 19.. ROBERT R. KRAUTER Registrar.
BURIAL PERMIT ISSUED

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 18 1917, to July 19 1917, that I saw h.. alive on July 18 1917, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

..... Whooping Cough .....

..... (Duration) no yrs. no mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Raymond D. Steele M. D.

July 19, 1917. (Address) Not removed

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery. DATE OF BURIAL, Aug. 20th, 1917.

20-UNDERTAKER John J. Fields. ADDRESS 1200 W. Lombard St.

D 7761

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7761

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1426 Battery Ave ST. 24 WARD) 17

REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathaniel Conway

(Residence in Baltimore: No. 1426 Battery Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, May (Month) 7 (Day), 1847 (Year)

7-AGE, 76 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Real salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) U. S. A. Geo. Md

PARENTS.

10-NAME OF FATHER, Nathaniel Conway

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Rodgers

(Address) 1426 Battery Ave

15-

AUG 20 1917

Filed ..... 191 ROBERT R. KRAUTER Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of base of skull Accidental fall from a sled (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ..... (Duration) ...yrs. 5 mos. ...ds.

(Signed) J. Ellwood Smith M. D. (Coroner)

8/17, 191 7. (Address) 910 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Aug. 19. 1917

20-UNDERTAKER M. S. Flynn

ADDRESS 1422 Light

D. 7762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D. 7762

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Cor Charles & Hamburg St.: 23 WARD)

2-FULL NAME George M. Abendschoen

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 140 St. Cross St.: yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Married

6-DATE OF BIRTH, ... Aug. (Month) 17, (Day) 1872 (Year)

7-AGE, 45 yrs. ..... mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Upholsterer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Gregory Abendschoen

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Abendschoen

(Address) 140 W. Cross St.

15-

Filed ..... 191.....

ROBERT E. KRAUTER
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug. (Month) 16, (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. 5 mos. .....ds.

(Signed) F. Edward Smith M. D.

(Coroner) 5/17, 191.7 (Address) 910 Leigh St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. A.A. DATE OF BURIAL, aug 19, 1917

20-UNDERTAKER M. J. Flynn ADDRESS 1422 Light

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7763

CERTIFICATE OF DEATH.

120 ✓

D. 7763

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 420 (Street) Pearle (St.; 17 (Ward)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Turner

(Residence in Baltimore: No. 420 Pearle St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1883 (Year)

7-AGE, 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....

PARENTS.

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, James Chinn

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Ann Kinny

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. H. Turner

(Address) 420 Pearle St.

15- Filed AUG 20 1917 191.... ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1917, to Aug 19 1917, that I saw him alive on Aug 18 1917, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

and Dropsy of Heart

(Duration) yrs. 2 mos. 18 ds.

CONTRIBUTORY (Secondary) Heart

(Duration) yrs. 2 mos. 18 ds.

(Signed) L. K. Pennard M. D.

Aug 20, 1917. (Address) 708 Essex Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug. 20 1917

20-UNDERTAKER Howard Easton — ADDRESS 916 Eutaw

D 7764 HEALTH DEPARTMENT--CITY OF BALTIMORE 59 D. 7764

CERTIFICATE OF DEATH

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1700 Harlem Ave., St.: 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joan Cowman Norris

(Residence in Baltimore: No. 1700 Harlem Ave., St.: 24 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: September 28, 1893 (Month) (Day) (Year)

7-AGE: 23 yrs. 10 mos. 20 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Bakery
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: William Penn Norris

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Annie M Wilson

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie M Norris

(Address) 1700 Harlem Ave.,

16- AUG 20 1917 Filed ..... 191 ROBERT R. KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH August 18, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1917, to, Aug 18 1917, that I saw h[illegible] alive on Aug 18, 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Organic heart disease
(Aortic stenosis)

(Duration) 10 yrs. — mos. — ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) H Mosher M. D.

Aug 19, 1917 (Address) 102 W Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Friends Cemetery

DATE OF BURIAL: Aug. 20, 1917

20-UNDERTAKER: Chas. E. Franck

ADDRESS: 802 Madison Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7765

CERTIFICATE OF DEATH.

15 D 7765

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Holsing

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	S

6-DATE OF BIRTH, ... (Month) Aug 15 (Day), 1917 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. 4 ds.	.... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Louis Holsing

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ester Simon

13-BIRTHPLACE OF MOTHER (State or Country), Russia

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ester Holsing

(Address) Norfolk Va

AUG 20 1917 ROBERT B. KRAUTER Burial Permit

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Aug 19 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 15 1917, to Aug 19 1917, that I saw h.... alive on Aug 19 1917, and that death occurred, on the date stated above, at 1945 P m.

The CAUSE OF DEATH* was as follows:

Status Thymolymphaticus

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harold A. Smith M. D.

Aug 19 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. 4 ds.

Where was disease contracted, if not at place of death? Mercy Hosp

Former or usual residence Norfolk Va

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Mt Carmel	Aug 21, 1917
20-UNDERTAKER	ADDRESS
Jack Lewis	1411 E Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

D 7766 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7766

CERTIFICATE OF DEATH.

REGISTERED No. C 105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 N Mount ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Cecelia Hughes Habinemann General Hospital

(Residence in Baltimore: No. 1400 N. Mount St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June (Month) 8 (Day), 1833 (Year)

7-AGE, 84 yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Carroll Co Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude V. Keefer

(Address) 620 Hollins St.

15- ROBERT B. KRAUTER

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6 1917, to Aug 19 1917, that I saw her alive on Aug 19 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute Enteric-Colitis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Charles C. Clark M. D.

Aug 19, 1917. (Address) 1310 N. Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State — yrs. — mos. 7 ds.

Where was disease contracted if not at place of death? At 1400 N Mount St

Former or usual residence 1400 N. Mount St.

19-PLACE OF BURIAL OR REMOVAL, Western Cem't. DATE OF BURIAL, Aug 21. 1917.

20-UNDERTAKER W. B. Cook ADDRESS 502 E Nat'l St.

D 7767

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7767.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St.: 9 Ward) 172

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Singleton N Spragg

(Residence in Baltimore: No. 531 Gutman Avenue St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, October (Month) 2 (Day), 1852 (Year)

7-AGE, 64 yrs. 10 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Trainer
(b) General nature of industry, business, or establishment in which employed (or employer): United R.R.C

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry W. Spragg

(Address) 531 Gutman Ave

15-

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism of Head

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

....., 191... (Address) 911 E. Lex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Augusta & Cogan

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet

DATE OF BURIAL, Aug 21, 19 17

20-UNDERTAKER William Cook

ADDRESS 507 E. North Ave

2938 E. Balto St Smoley

Spec.—8-24-14—M. & T.—2000 Bks.

D 7768 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7768

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md. Gen. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Linden & Madison ST.; 15 WARD) REGISTERED No. C 120

2-FULL NAME Mrs. Mary Mann

(Residence in Baltimore: No. 2134 Herbert St St.; 24 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Don't know, 1 (Month) (Day) (Year)

7-AGE, about 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Kate Owens

(Address) 1912 Mt. Royal Ave

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 19, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10th 1917, to Aug. 19 1917, that I saw her alive on Aug. 18th 1917, and that death occurred, on the date stated above, at 3.20 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) 19 yrs. mos. ds.

(Signed) Fred H. Clute M. D.

Aug 19, 1917. (Address) Md Gen'l Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 39 ds. In the State 24 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2134 Herbert St

19-PLACE OF BURIAL OR REMOVAL, Woodlawn DATE OF BURIAL, Aug. 21, 1917.

20-UNDERTAKER Wm Cook ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D. 7769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D. 7769

REGISTERED NO. C 9120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1146 Montpelier St.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph C. Heauck

(Residence in Baltimore: No. 1146 Montpelier St. Yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 1, 1848 (Month) (Day) (Year)

7-AGE, 69 yrs. 0 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stable
(b) General nature of industry, business, or establishment in which employed (or employer): Foreman

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Michael Heauck-

11-BIRTHPLACE OF FATHER (State or Country), Germany-

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany-

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Heauck

(Address) 1146 Montpelier

Filed ....., 191.....

ROBERT R. KRAUTER
BURIAL PERMIT

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 19, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 17 1917, to Aug 19 1917, that I saw him alive on Aug 17 1917, and that death occurred, on the date stated above, at 4 1/2 m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(Duration) ..... yrs. ..... mos. 2 Days

CONTRIBUTORY (Secondary) Chronic interstitial nephritis

(Duration) 6 yrs. ..... mos. ..... ds.

(Signed) H. [illegible] M. D.

Aug 19, 1917. (Address) 1611 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, Aug. 21 191.7.

20-UNDERTAKER Wm Cook

ADDRESS 702 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7770 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7770

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2025 Booth St.; 20 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Sichert

(Residence in Baltimore: No. 2025 Booth St.; 23 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 18, 1894
(Month) (Day) (Year)

7-AGE, 23 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): Bread & Cake

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. John Sichert

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Tregea Bucher

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Sichert Jr.

(Address) 2025 Booth St.

ROBERT E. PRAETER

Filed AUG 20 1917 191. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 18 Aug, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1917, to Aug 18 1917, that I saw him alive on Aug 18 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Heart Failure

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bright's Disease

(Duration) yrs. 6 mos. ds.

(Signed) D. G. W. Bernard M. D.

Aug 18 1917. (Address) 708 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Aug. 20 1917.

20-UNDERTAKER George L. Lohmar & Bro

ADDRESS 2101 Eutaw ave.

D 7771

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7771

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 944 N Saratoga St.: 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Catherine Jones

(Residence in Baltimore: No. 944 N. Saratoga St.: 1 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: colord

5-SINGLE, ~~MARRIED~~ WIDOWED OR ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: ~~June~~ (Month) ..... (Day), 1906 (Year)

7-AGE: 11 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): M'd.

PARENTS

10-NAME OF FATHER: eugene. Jones

11-BIRTHPLACE OF FATHER (State or country): M'd.

12-MAIDEN NAME OF MOTHER: Henrietta Wright

13-BIRTHPLACE OF MOTHER (State or country): M'd.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harriet Brown

(Address) 944 N. Saratoga St

15 Burial Permit Clerk

AUG 20 1917 Filed ....., 191 ..... D. ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 17 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1917, to, Aug 17 1917, that I saw h[er] alive on Aug 15, 1917, and that death occurred, on the date stated above, at 5.26 P m.
The CAUSE OF DEATH* was as follows:

Organic Heart Dis (Duration) ..... yrs. 5 mos. ..... ds

Contributory (SECONDARY) Myocarditis (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. L. Hooper M. D.

aug 18, 1917 (Address) J. L. Hooper 1111 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state, (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: mount zion cemetery — DATE OF BURIAL: augst 20, 1917

20-UNDERTAKER: Jamth Todrin — ADDRESS: 142 N Hill st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7772

CERTIFICATE OF DEATH.

104 D 7772

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 N. Charles ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Ford Sunderland

(Residence in Baltimore: No. 1535 N. Charles St. St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Oct. (Month) 6 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 10 ....mos. 11 ....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Henry Ford Sunderland

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Rena Clark

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..H. F. Sunderland.....

(Address)..1535 N. Charles St.....

15- G 201917 ROBERT R. KRAUTER

Filed....., 191... Registrar.

M.D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug. (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 15 1917, to Aug. 18 1917, that I saw h... alive on Aug. 18 1917, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Enteritis

.....

.....

..... (Duration)....yrs....mos. 7 ds.

CONTRIBUTORY (Secondary)

..... (Duration)....yrs....mos....ds.

(Signed) Edmund Seaburg M. D.

Aug 20, 1917, (Address) 424 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem.	Aug 22, 1917.

20-UNDERTAKER	ADDRESS
Wm. J. E. Leonard Son	1428 N. Charles St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7773

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7773

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1643 N. Vincent ST.; 15 WARD)

REGISTERED No. C 135

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Hall

(Residence in Baltimore: No. 1643 N. Vincent St.; 30 yrs., 0 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 9, 1887.
(Month) (Day) (Year)

7-AGE, 30 yrs. 0 mos. 10 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Cooper

11-BIRTHPLACE OF FATHER (State or Country), ——

12-MAIDEN NAME OF MOTHER Jene Jordan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ewah Hall

(Address) 1643 N Vincent St

20 1917 ROBERT R. KNAUER

Filed ....., 191.. BUREAU VITAL STATISTICS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 19, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 19, 1917, to August 19 1917, that I saw her alive on August 19, 1917, and that death occurred, on the date stated above, at 10:15 P.m.

The CAUSE OF DEATH* was as follows:

Recurrent post partum hemorrhage.

(Duration) 9 yrs. 29 mos. 10 ds.

CONTRIBUTORY (Secondary) Child Birth

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. H. Douglass M. D.

August 19, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion — DATE OF BURIAL, Aug 21, 1917.

20-UNDERTAKER Edward Ringgold — ADDRESS 1146 N Mary

Spec.—8-24-14—M. & T.—2000 Bks.

D 7774

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7774

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Presstman st ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Billups

(Residence in Baltimore: No. 1519 Presstman St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Nov 15, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 9 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Wm Billups

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Lula Downey

13-BIRTHPLACE OF MOTHER (State or Country), Va

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Lula Billups

(Address). 1519 Presstman st

ROBERT B. KRAUTER

...led....., 191.....

B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 18, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6th 1917, to Aug 18th 1917, that I saw h[illegible] alive on Aug 18th 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis

..... (Duration) .....yrs. .....mos. 2 0 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Harry T. Brown M. D.

Aug 20., 191.7 (Address) 15 01 Presstman st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Aug 20., 1917.

20-UNDERTAKER Edward Kingsbury

ADDRESS 1463 W Baltimore

D 7775

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7775

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Universality Hospital ST.; 18 WARD) Registered No. C 175

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Dugan

(Residence in Baltimore: No. 1146 W Pratt St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE. 59 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Dugan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Cartwright

13-BIRTHPLACE OF MOTHER (State or Country), ...

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(informant) Universality Hospital

(Address) Grove & Lombard

15- AUG 20 1917 ROBERT E. HEALTON

Filed ....., 191. Burial Permit Clerk

....., Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull caused by trying to board U.R.R. Electric Car, and falling, struck head. (Duration) ..... yrs. ..... mos. ..... ds. accidental.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. O. Dunscomb (Coroner.) M. D.

Aug 20, 1917. (Address) 612 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cem.	Aug 22 1917

20-UNDERTAKER Chas. John J. Fields ADDRESS 1200 N. Lombard St.

Misc.—8-24-14—M. & T.—2000 Bks.

D. 7776

HEALTH DEPARTMENT—CITY OF BALTIMORE

JD 7776

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 786 E. 28th St. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Irene Snyder

(Residence in Baltimore: No. 728 E 28th St. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, Nov. 24, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Miller

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Katie Adenberg

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Freeman M.D.

(Address) 1611 Linden Ave

15- Filed....., 191...
B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1917, to Aug 16 1917, that I saw her alive on Aug 16 1917, and that death occurred, on the date stated above, at 7:50 p. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Freeman M. D.

....., 191... (Address) 1611 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Pine Ridge Cemetery

DATE OF BURIAL, Aug. 20, 1917.

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Harford Ave.

D 7777.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7777.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 812 McHenry ST. 10 WARD)

REGISTERED No. C 29

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Wirt.

(Residence in Baltimore: No. 812 McHenry St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col	Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 34 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... work

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William Wirt

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Mary Neals

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Bessie Snider

(Address).....812 McHenry

15-

Filed....., 191.....

ROBERT E. KRAUTER
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug ..... 11., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquest ..... (Inquest, autopsy or inquiry,) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Organic Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion Cemetary	Aug 20, 1917.
20-UNDERTAKER	ADDRESS
Mrs R A Elliott	504 East A

Spec.—8-24-14—M. & T.—2000 Blks.

D 7778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80 D 7778

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 St. Paul Street. St.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Katharine Dent.

(Residence in Baltimore: No. 916 St. Paul Street. St.; 25 yrs. ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	White	Single

6-DATE OF BIRTH, August (Month) 26 (Day), 1842 (Year)

7-AGE, 74 yrs. 11 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer)..... None.

9-BIRTHPLACE, (State or Country), District of Columbia.

PARENTS.

10-NAME OF FATHER, Henry H. Dent.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Ann M. Adlum.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. McB. Sterrett.

(Address) Washington, D. C.

filed....., 191....

B Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 19 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 18 191 7, to Aug 19 191 7, that I saw her alive on Aug 15 191 7, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) ? —

(Duration) — yrs. — mos. — ds.

(Signed) Aug 19 1917 Ross Mayo M. D.

(Address) 519 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ---yrs. ---mos. ---ds. In the State ---yrs. ---mos. ---ds.

Where was disease contracted if not at place of death? ---

Former or usual residence ---

19-PLACE OF BURIAL, OR REMOVAL, Brookland, Potter Co. Pa. DATE OF BURIAL, Aug. 21/17

20-UNDERTAKER Stewart & Mowen Comp'y ADDRESS 108 W. North Av.

Spec.—8-24-14—M. & T.—2000 Blks.

D. 7.772 D 7.772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Robert St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Soyles

(Residence in Baltimore: No. 522 Robert St.; 23 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH. Sept (Month) 4 (Day), 1891 (Year)

7-AGE. 25 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pharmacist
(b) General nature of industry, business, or establishment in which employed (or employer): Drug Store

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert H. Soyles

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Jennie Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas J. Keller

(Address) 222 W Monument St.

AUG 20 1917 ROBERT B. BRAUTER

Filed....., 191.. STATE REGISTRAR

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 17th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15th 1917, to Aug 17th 1917, that I saw h.im alive on Aug 17 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.
Hemorrhage (Immediate Cause)

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas J Keller M. D.

Aug 18th, 1917. (Address) 222 W Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Aug 20, 1917

20-UNDERTAKER Geo H Holland — ADDRESS 1631 Druid Hill

Spec.—8-24-14—M. & T.—2000 Bks.

D 7780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D. 7780

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Reinhold

(Residence in Baltimore: No. 131 N. Rose St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January (Month), 1 (Day), ... (Year)

7-AGE, 42 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Louis Wissussek

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline —

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... P. M. Reinhold

(Address)..... 131 N. Rose

15- AUG 20 1917 ROBERT E. LEE KUTER

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1917, to Aug 18 1917, that I saw her alive on Aug 18 1917, and that death occurred, on the date stated above, at 7:20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Chronic Interstitial Nephritis
..... (Duration) Unknown

CONTRIBUTORY (Secondary) Cardiac Dilatation
..... (Duration) 1 yrs. ..... mos. 1 ds.

(Signed) Bernard S. Jacobson M. D.

Aug. 18, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 131 N Rose St.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Aug 20 1917

20-UNDERTAKER Emily Henry — ADDRESS 2016 Allegany

Spec.—8-24-14—M. & T.—2000 Blks.

D 7781 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 7781

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 W Franklin St.; 18 WARD) REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry J. Castle

(Residence in Baltimore: No. 911 Franklin St.; 45 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 16, 1871 (Month) (Day) (Year)

7-AGE, 45 yrs. 9 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore City Fire Department

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry J. Castle

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Margaret Gusta

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Miller

(Address) 911 W Franklin St

G 201917

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 19, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1917, to Aug 19 1917, that I saw h— alive on Aug 19 1917, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Ventricular Arrest of Heart

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Wm. Hamilton M. D.

Aug 20, 191.. (Address) 16 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, Aug 21, 191..

20-UNDERTAKER Geo R Little — ADDRESS 531 N Eutaw

Spec.—8-24-14—M. & T.—2000 Blks.

D. 7782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D. 7782

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Forrest St. St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Farrell

(Residence in Baltimore: No. 1004 Forrest St. St.; yrs. 7 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, January 4, 1917 (Month) 1 (Day) (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 7 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James J. Farrell

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Julia Donohue

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James J. Farrell

(Address) 1004 Forrest St.

AUG 20 1917 Burial Permit Clerk

Filed....., 191.... C. M. F. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 19, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 13 1917, to Aug 19 1917, that I saw h[illegible] alive on Aug 17 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis Bronchial acute

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) acute congestion of lungs (Duration) yrs. mos. 4 ds.

(Signed) James M. Fenlon M. D.

Aug 20 1917. (Address) 702 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Aug 20, 1917

20-UNDERTAKER Henry W. Meyer & Son ADDRESS 705 N. Gaylord St.

D. 7783

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7783

CERTIFICATE OF DEATH. REGISTERED No. C 3115

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1044 S.Sharp St. ST. 23 50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Reichelt.

(Residence in Baltimore: No. 1044 S.Sharp St. St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	White	Single.

6-DATE OF BIRTH, August 18th. 1917. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
...yrs. ...mos. 1 ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Arthur Reichelt.

11-BIRTHPLACE OF FATHER (State or Country) Germany.

12-MAIDEN NAME OF MOTHER Mary Vetter.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary Reichelt.(mother)
(Address) 1044 S.Sharp St.

15-
Filed AUG 20 1917, 191 ROBERT R. KRAUTER
Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August, 19th. 1917., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)
(Duration) ...yrs. ...mos. ...ds.

(Signed) Otto M. Reinhardt (Coroner.) M. D.

Aug. 19, 1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Aug 20th, 1917
UNDERTAKER	ADDRESS
C & B Hartle	116 E West St

Spec.—5-19-13—M. & T.—500 Bks.

Vanda Lusheviz

D. 7781

HEALTH DEPARTMENT—CITY OF BALTIMORE

15 ✓ D. 7781

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 Fleet ✓ ST.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vanda Lusheviz

(Residence in Baltimore: No. 1737 Fleet W 3 St.; ...yrs., ...mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Aug 20, 1917 (Month) (Day) (Year)

7-AGE, 1/2 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), 1737 Fleet St.

PARENTS.

10-NAME OF FATHER, Tadeusz Lusheviz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Chirnowska

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tadeusz Lusheviz

(Address) 1737 Fleet W

AUG 20 1917

Filed ....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 191 , to Aug 20 191 , that I saw h alive on Aug 20 191 , and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Asphyxiation from Cord

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Walter J Kelly M. D.

Aug 20, 1917 (Address) 106 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rozary	Aug 21st 20, 1917

20-UNDERTAKER	ADDRESS
Jakob Fialkoski	428 S Bond

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7785 — 28 — D. 7785

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 446 E. Federal St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Indiana Rice

(Residence in Baltimore: No. 446 E. Federal St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female 4-COLOR OR RACE, Black Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 16 (Day), 1917 (Year)

7-AGE, ...yrs. 3 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Cornelius Rice

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Etta Edmonds

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cornelius Rice

(Address) 446 E. Federal St

15- Filed AUG 20 1917, 191.... ROBERT B. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest & Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edema brain

Probably tuberculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. D. Riley (Coroner) M. D.

Aug 20, 1917. (Address) 1629 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Aug. 20 19.17

20-UNDERTAKER Jno. A. Bishop — ADDRESS 1107 Druid Hill Ave

D. 7786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D. 7786

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 103 Cornell ST.: 27 WARD)

2-FULL NAME Milton Thomas

(Residence in Baltimore: No. 103 Cornell St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-AUG 20 1917 ROBERT R. KRAUTER

Filed ....., 191... Burial Permit ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 10 (Month) ..... (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. D. Driscoll (Coroner.) M. D.

Aug 14, 191 7 (Address) 312 W Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, ...

DATE OF BURIAL, ..., 19....

20-UNDERTAKER .....

ADDRESS .....

Spec.—8-24-14—M. & T.—2000 Bks.

D 7787. HEALTH DEPARTMENT—CITY OF BALTIMORE ✓D 7787.

+53

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Alexandra Fox

(Residence in Baltimore: No. Johns Hopkins Hospital St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 5, 1913
(Month) (Day) (Year)

7-AGE, 4 yrs. 2 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Florida

PARENTS.

10-NAME OF FATHER, Demosthenes Alexandrates

11-BIRTHPLACE OF FATHER (State or Country), Greece

12-MAIDEN NAME OF MOTHER A. Kamvisson

13-BIRTHPLACE OF MOTHER (State or Country), Greece

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry John Saunders

(Address) Johns Hopkins Hosp

AUG 23 1917 ROBERT R. KRAUTH

.....led....., 191.....

B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 12, 19 17
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 12 1917, to Aug 19 1917, that I saw her alive on Aug 19 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Hodgkins Disease

.....

.....

..... (Duration) yrs. 1/2 mos. ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration) yrs. mos. ds.

(Signed) J. M. Rivers M. D.

....., 191... (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. 7 ds.

Where was disease contracted, if not at place of death? 3

Former or usual residence Tarpon Springs Fla

19-PLACE OF BURIAL OR REMOVAL, Tarpon Springs Fla

DATE OF BURIAL, Aug. 20, 191 7

20-UNDERTAKER Elliot E Hulls

ADDRESS 221 N Brady

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7783

CERTIFICATE OF DEATH.

D 7783

REGISTERED No. C 1552

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Dubies

(Residence in Baltimore: No. 1254 E. Fayette St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August 14, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Samuel Dubies

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rebecca Richman

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address).....

Filed AUG 20 1917, 191... ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 20, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 14 191..., to Aug. 20 191..., that I saw h... alive on Aug. 20 191..., and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration).....yrs....mos.....ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration).....yrs.....mos.....ds.

(Signed) H. Samuels M. D.

....., 191... (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State ....yrs. ....mos. 6 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Blvd. DATE OF BURIAL, 8/22 191...7

20-UNDERTAKER Jack Levin ADDRESS 141 E Balto

D. 7789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D. 7789

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pier #9 Locust Point. St.: 24 WARD)

2-FULL NAME Vikenty Iliaskenko.

(Residence in Baltimore: No. S.S.Krasnoiarsk. Pier 9 Locust Point. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, August 28th 1894., 1..... (Month) (Day) (Year)

7-AGE, 22 yrs. 11 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Fireman on
(b) General nature of industry, business, or establishment in which employed (or employer)..... Steamship Krasnoiarsk

9-BIRTHPLACE, (State or Country), Russia.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country) Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country) Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Captain Frederick Tenne.
(Address) S.S.Krasnoiarsk.

15- Filed AUG 20 1917, 191.... ROBERT R. KRAUTER
Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 19th.1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Rennhardt M. D. (Coroner)

Aug, 30, 1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State 1 yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Russia.

19-PLACE OF BURIAL, OR REMOVAL, Cedar Hill DATE OF BURIAL AUG 21 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec—5-19-13—M. & T.—500 Blks.

D. 7790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1047 D. 7790

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 Christain ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Frederick Little

(Residence in Baltimore: No. 2216 Christain St.: X yrs., 4 mos. X ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Sing[illegible]

6-DATE OF BIRTH, 4 (Month) 20 (Day), 1917. (Year)

7-AGE, X yrs. 4 mos. X ds.

If LESS than 1 day, ~~....hrs. or....min.~~

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Chas. E. W. Little

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co. Md.

12-MAIDEN NAME OF MOTHER Alice E. Storm

13-BIRTHPLACE OF MOTHER (State or Country), Adams Co. Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. E. W. Little

(Address) 2216 Christain St

AUG 20 1917. ROBERT B. KRAUTER

Filed....., 191.... Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 20 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 16 1917, to Aug 20 1917, that I saw h[illegible] alive on Aug 19 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Mal nutrition (from faulty feeding) inducing Exhaustion.

(Duration) X yrs. 2 mos. X ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) X yrs. X mos. 7 ds.

(Signed) P Burton Wis. M. D.

8/20, 1917 (Address) 1939 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
West Nunsales Md	Aug 21, 1917
20-UNDERTAKER Capt. B Cook	ADDRESS 1003 W Balto St

D 7791

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7791

CERTIFICATE OF DEATH.

105

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 624 Curley St ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles D. Devaux

(Residence in Baltimore: No. 624 S Curley St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan 13, 1914
(Month) (Day) (Year)

7-AGE, 3 yrs. 7 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). John L. Devaux

PARENTS.

10-NAME OF FATHER, Baltimore

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER, Clark E Wallis

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clark E Devaux

(Address) 624 S Curley St

15-

Filed AUG 20 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Ileo Colitis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Thomas Ryan Dunkley M. D.
(Coroner.)

Aug 20, 191... (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park	DATE OF BURIAL, Aug 21, 19 17
20-UNDERTAKER John R Devaux & Son	ADDRESS Balto

D. 7792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D. 7792

REGISTERED No. C 157

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4 N Carey St.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertie A. Staunbury

(Residence in Baltimore: No. 4 N Carey St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. Dec 14, 1880
(Month) (Day) (Year)

7-AGE. 36 yrs. 8 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Wm H Anderson

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Luella Day

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leroy A Staunbury

(Address) 4 N Carey

15- Filed Aug 21, 1917 ROBERT B. KRAUTER Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 19, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Incised Wound of Neck
Hanging Suicidal

(Duration) ..... yrs. few Min's mos. ..... ds.

CONTRIBUTORY (Secondary) Mental Derangement

(Duration) ..... yrs. 4 mos. ..... ds.

(Signed) James M. Rawlings M. D.
(Coroner.)

Aug 19 1917. (Address) 704 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. AUG 21 1917

20-UNDERTAKER Geo. A. Gerting

ADDRESS Baltimore & Payson 855

Spec.—8-24-14—M. & T.—2000 Bks.

D 7.93

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 07 93

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3138 Orleans ave. 20 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Clark

(Residence in Baltimore: No. 3138 Orleans ave St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, August 20, 1917 (Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(h) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Clark

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Graham

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leo Knull

(Address) 917 Columbus Ave

ROBERT E. KRAUTH

AUG 21 1917

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 20 1917, to Aug 20 1917, that I saw h[illegible] alive on Aug 20 1917, and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

due to Chronic Nephritis

..... (Duration).....yrs. .....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Asa T. Bevells M. D.

Aug 20, 1917. (Address) 25 E. Eager Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Aug. 21., 1917.
20-UNDERTAKER	ADDRESS
Knull & Son	1729 W Pratt

Spec.—8 24-14—M. & T.—2000 Bks.

D. 7791

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7791

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 E. Pratt st ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Brown

(Residence in Baltimore: No. 1515 East Pratt street St.; 30 yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1871 (Year)

7-AGE, 46 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Rochmiel Scherr

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Yetta

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Balto st

AUG 21 1917 ROBERT R. KRAUTER

Filed....., 191.. Vital Records Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1915, to Aug 20 1917, that I saw h[er] alive on Aug 17 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the rectum

(Operation performed 1/2 yrs ago. Specimen examined)..... (Duration) 2 yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) A. J. Lewis M. D.

Aug 20, 191.. (Address) 24 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Rd

DATE OF BURIAL, 8/21, 191.7.

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto

Spec.—8-24-14—M. & T.—2000 Blks.

D. 7795

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7795

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Aged Home St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Hiff

(Residence in Baltimore: No. 115 Asquith street St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown ..... (Month) ..... (Day), 1842 (Year)

7-AGE, 75 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levy .....

(Address) 1411 E Balto .....

Filed ....., 191..

ROBERT P. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1917, to Aug 19 1917, that I saw her alive on Aug 19 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Disseminated Sclerosis

General Paresis

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. E. McClellan M. D.

Aug 19 1917 (Address) 1420 E. Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 3 mos. ..... ds. In the State 20 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence ?

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Hebrew Rm	8-21, 1917

20-UNDERTAKER	ADDRESS
Jack Levy	1411 E Balto

Spec.—24-14—M. & T.—2000 Blks.

No. 2796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

No. 2796

55

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home St.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Myer Byall

(Residence in Baltimore: No. 1921 E. Baltimore St.; 32 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 52 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloonkeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Louis Byall

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Steri

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1411 E. Balto St

Filed AUG 21 1917, 191 ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 20, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1917, to Aug 20 1917, that I saw h/ alive on Aug 20 1917, and that death occurred, on the date stated above, at 7.40 A m.

The CAUSE OF DEATH* was as follows:

Puerperal Haemorrhage

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. 2 ds.

(Signed) Edith Peters M. D.

Aug 20, 1917 (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 32 yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1921 E Balto St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship | DATE OF BURIAL, 8/21, 1917

20-UNDERTAKER Jack Lewis | ADDRESS 1411 E Balto

D 7797 HEALTH DEPARTMENT—CITY OF BALTIMORE 17 S D 7797.

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 51 Gorsuch ST., Hospital WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Fielder

(Residence in Baltimore.) No. 1106 Edmondson St.; yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male | 4-COLOR OR RACE, white | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Boy

6-DATE OF BIRTH, May (Month) 24 (Day), 1908 (Year)

7-AGE, 9 yrs. 2 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Andrew Fielder

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lillian Hampson

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Fielder

(Address) 1106 Edmondson

15- ROBERT E. RYAN Burial Permit Clerk

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...May.... (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ....Inquest.... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ....Inquest.... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia, Right Lung

(b) Empyema 4 weeks

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. R. Miller M. D.
(Coroner.)
May 18, 1917 (Address) 24 E. Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, Aug 21, 1917

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7793

CERTIFICATE OF DEATH.

D. 7793

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2143 Druid Hill ave ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Smith.

(Residence in Baltimore: No. 2143 Druid Hill ave St.; 11 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, June (Month) 29 (Day), 1853 (Year)

7-AGE, 80 yrs. 2 mos. 19 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Post Office
(b) General nature of industry, business, or establishment in which employed (or employer): Clerk

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Nathaniel Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Charlotte Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary F. Smith

(Address) 2143 Druid Hill

AUG 21 1917 ROBERT R. KRAUTER

Filed ....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Aug (Day) 17, (Year) 1917

17. I HEREBY CERTIFY, That I attended deceased from Aug 14 1917, to Aug 17 1917, that I saw him alive on Aug 17 1917, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 3 yrs. mos. ds.

(Signed) W. H. Wright M. D.

Aug 19, 1917. (Address) 1209 Preastman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State ..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Aug 21, 1917

20-UNDERTAKER John H. Jordan — ADDRESS 172 N. Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

D 7799

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7799

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 S. Charles ST.; 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olga Gertrude Rosenthal

(Residence in Baltimore: No. 1105 S. Charles St 16 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Aug (Month) 16 (Day), 1901 (Year)

7-AGE, 15 yrs. 11 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Herman Rosenthal

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Annie Achlacken

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Rosenthal

(Address) 1105 S Charles

15- AUG 21 1917 ROBERT B. KRAUTER

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1916, to Aug 19 1917, that I saw her alive on Aug 19 1917, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Phthisis

(Duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Aug 21, 1917. (Address) 835 Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet	Aug 22, 1917.
20-UNDERTAKER	ADDRESS
E Cunningham	Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7809 D. 7809

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1913 Gough ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugenius. Gesina

(Residence in Baltimore: No. 1913. Gough st St.; — yrs., 2 mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 20, (Day) 1915 (Year)

7-AGE, ...yrs. 2 mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wojciech Gesina

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Anastazya Chojnowski

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wojciech Gesina

(Address) 1913 Gough st.

15- Aug 21 1917 ROBERT E. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 20th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15th 1917, to Aug 20th 1917, that I saw h— alive on Aug. 20th 1917, and that death occurred, on the date stated above, at 1230 p.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Herman J. Bruns M. D.

Aug 20., 1917 (Address) 1500 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Aug. 21, 1917

20-UNDERTAKER Williams Fiaschnek — ADDRESS 1618 Eastern Ave.

D 7801

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 ✓ D 7801

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 901 Ducatel St. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs. Sophie C. Rault

(Residence in Baltimore: No. 901 Ducatel St.: 73 yrs. 9 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	widow

6 DATE OF BIRTH Dec. 13, 1843 (Month) (Day) (Year)

7 AGE 73 yrs. 9 mos. 7 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Maryland

PARENTS

10 NAME OF FATHER Chas. F. Schaible

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Regina L. Trienzle

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Louis F. Rault
(Address) 2212 Callow Ave.

15 ROBERT R. KRAUTER
Filed AUG 21 1917, 191 Burial Permit Clerk
B. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH aug 20, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from aug 15th, 1917, to. aug 20th 1917, that I saw h.. alive on aug. 17th 1917, and that death occurred, on the date stated above, at 3-17 A. m.
The CAUSE OF DEATH* was as follows:

Sept. Hemiplegia.
Cerebral Hemorhage
(Duration) ..... yrs. ..... mos. 5 ds
Contributory (SECONDARY) arterio sclerosis
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) Eugene Douglas M. D.
aug 20, 1917 (Address) 820 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Aug 22, 1917

20 UNDERTAKER George J Smith | ADDRESS 1000 N. Fayette St

Duplicate Statement of OCCUPATION
Duplicate Certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D. 7802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D. 7802

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 N. Belnord Ave ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Louis Bieble

(Residence in Baltimore: No. 134 N. Belnord Ave. St.; Life ...yrs...mos...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April 24th, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 27 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Frank Bieble

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Stephania Tomaschko.

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stephania Bieble

(Address) 134 N. Belnord Ave.

Filed ...., 191.... ROBERT R. KRAUTER Registrar.

AUG 21 1917 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 20th, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 20 1917, to Aug 20 1917, that I saw h[illegible] alive on Aug 20 1917, and that death occurred, on the date stated above, at 11.15 A. m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) ...yrs. ...mos. 1 ds.

(Signed) C. H. Meyer M. D.

Aug 21, 1917. (Address) 2638 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer Cem	Aug 21, 1917.
20-UNDERTAKER Tilly & Zeiler.	ADDRESS 1003 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7803

CERTIFICATE OF DEATH.

28 ✓ D. 7803

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 4 N. Milton Ave. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Joseph Doetzer

(Residence in Baltimore: No. 4 N. Milton Ave St.; 1 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 21st (Day), 1897 (Year)

7-AGE, 20 yrs. 7 mos. 29 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore City.

PARENTS.

10-NAME OF FATHER. John M. Doetzer

11-BIRTHPLACE OF FATHER (State or Country). Baltimore City

12-MAIDEN NAME OF MOTHER Carrie Kraus

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore city.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Doetzer

(Address) 4 N. Milton Ave

15- ROBERT R. KRAUSE

AUG 21 1917, 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 19th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 27 1917, to Aug 19 1917, that I saw him alive on Aug 17 1917, and that death occurred, on the date stated above, at 9.30 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lung

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. C. Braun M. D.

Aug 20, 1917. (Address) 2600 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cem.	Aug 22nd 1917
20-UNDERTAKER Lilly and Zeiler	ADDRESS 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Blks.

D. 7804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 ✓ D. 7804

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3922 Reisterstown Road ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lester A. Rogers

(Residence in Baltimore: No. 3922 Reisterstown Road St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... May (Month) 31 (Day), 1917 (Year)

7-AGE, ... yrs. 2 mos. 20 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Brooklyn N.Y.

PARENTS.

10-NAME OF FATHER, Lester B. Rogers

11-BIRTHPLACE OF FATHER (State or Country), Brooklyn N.Y.

12-MAIDEN NAME OF MOTHER Violet V. Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lester B. Rogers

(Address) 3922 Reisterstown Road

15- Filed AUG 21 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 20 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 15 1917, to August 20 1917, that I saw him alive on August 20 1917, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Toxemia and Malnutrition

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Primative Infant

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) James P. Akehurst M. D.

Aug 21, 1917. (Address) 1012 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Jersey City New ~~York~~ Jersey — DATE OF BURIAL, Aug. 21., 1917

20-UNDERTAKER A.S.Marshall — ADDRESS 3539 Falls Road

Spec.—8-24-14—M. & T.—2000 Bks.

D 7805

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7805

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 766 Mc Henry ST. 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F Courts

(Residence in Baltimore: No. 766 Mc Henry St.; 41 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Sept 27, 1881
(Month) (Day) (Year)

7-AGE, 35 yrs. 11 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John F Courts

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary A Corrigan

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Courts

(Address) 766 Mc Henry

ROBERT B. KRAUTH

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6 1917, to Aug 19 1917, that I saw h m alive on Aug 14 1917, and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 2 mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Mulry Hoc M. D.

Aug 19, 1917. (Address) 2.9. Eutaw Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Wells cemetery, DATE OF BURIAL, Aug. 22 1917.

20-UNDERTAKER William Cook ADDRESS 504 E. North Ave

Aug 21 Calvert

Spec.—8-24-14—M. & T.—2000 Bks.

D 7806

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7806

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2733 Prospect ST.; 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Russell Parrish

(Residence in Baltimore: No. 2733 Prospect St.) (If under 1 day, ... hrs. ..... min.) (If under 1 year, ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov 25, 1916.
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Warren Parrish

11-BIRTHPLACE OF FATHER (State or Country), Balto Co Md

12-MAIDEN NAME OF MOTHER Grace Snapp

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Warren Parrish

(Address) 2733 Prospect

15- AUG 21 1917 ROBERT A. KRAUTER BUREAU FORM 2

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 20, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1917, to Aug 20 1917, that I saw him alive on Aug 20 1917, and that death occurred, on the date stated above, at 2.45 P.M.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Marked Anemia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John V. Ghatard M. D.

Aug 20, 1917. (Address) 1005 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, Aug 22, 1917.

20-UNDERTAKER William Cook

ADDRESS 507 E. Pratt

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7807. D. 7807.

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 Presbury ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Krause

(Residence in Baltimore: No. 1802 Presbury St.; 25 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, January 16th, 1864 (Month) (Day) (Year)

7-AGE, 53 yrs. 7 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... not any
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Brooklyn. N.Y.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George H. Clements

(Address) 1802 Presbury St

AUG 21 1917

Filed....., 191.... Burial Permit Clerk

..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 20th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 10th 1917, to Aug-19th 1917. that I saw her alive on Aug 20th 1917, and that death occurred, on the date stated above, at 7 30 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the uterus

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) 7 yrs. 3 mos. 9 ds.

(Signed) William Lucas M. D.

Aug 20, 1917. (Address) 1701 H Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Forest City N.J. DATE OF BURIAL, Aug 22, 1917.

20-UNDERTAKER John Cook ADDRESS 1026 North Ave

Spec.—5-19-13—M. & T.—500 Bks.

D 7808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D. 7808

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 N Stricker ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin F. Beales Jr

(Residence in Baltimore: No. 1210 N Stricker St.; ....yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 22 (Day) 1916 (Year)

7-AGE, 1 yrs. 2 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, Benjamin Beales

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Ada Krell

13-BIRTHPLACE OF MOTHER (State or Country), city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj. Beales

(Address) 1210 N Stricker St

AUG 21 1917 ROBERT R. KRAUTER

filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 19th (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 17" 1917, to Aug 19" 1917, that I saw him alive on Aug 19" 1917, and that death occurred, on the date stated above, at 4:35 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Meningitis

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) Entero Colitis

(Duration) ...yrs. ...mos. 21 ds.

(Signed) O. N. Travell M. D.

Aug 19, 1917. (Address) 1817 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Aug 24, 1917
20-UNDERTAKER	ADDRESS
H. J. Eichner & Son	Kenilworth

Spec.—8-24-14—M. & T.—2000 Bks.

D 7809 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7809

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 S. Regester ST.; 2 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Potter

(Residence in Baltimore: No. 405 S. Regester St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Aug. 28th, 1876
(Month) (Day) (Year)

7-AGE, 40 yrs. 11 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Candymaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, Martin Potter

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md.

12-MAIDEN NAME OF MOTHER Martha Pritchard

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha P. Potter

(Address) 405 S. Regester St.

G 21 1917 ROBERT B. KRAUTER

Filed ..... 191.... Deputy Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 4th 1917, to Aug 19th 1917, that I saw h im alive on " " " 191 7, and that death occurred, on the date stated above, at 1.45 A m.

The CAUSE OF DEATH* was as follows:

Dyspnoea

1

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Valvular

Heart Dis. (Duration) 1 yrs. mos. ds.

(Signed) Jacob L. Winner M. D.

8-24 191 7 (Address) 302 B'way

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Aug. 24 191 7

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Pleet St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7810

CERTIFICATE OF DEATH.

9 92 D 7810

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 East 41st St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Leonhardt

(Residence in Baltimore: No. 601 East 41st St.; 69 yrs., 1 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. white

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.) married

6-DATE OF BIRTH, July (Month) 13 (Day), 1848 (Year)

7-AGE, 69 yrs. 1 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wagon Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry Leonhardt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catherine Rucheliff

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John H. Leonhardt

(Address) 601 E. 41st Street

AUG 21 1917 Filed....., 191.. ROBERT R. KRAUTER Burial Permit Clerk

B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 17 (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 1917, to Aug 19 1917, that I saw h[illegible] alive on Aug 17 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Ltr Pneumonia

(Duration) yrs. 6 mos. 7 ds.

CONTRIBUTORY (Secondary) Hypostatic Congest

(Duration) yrs. 4 mos. ds.

(Signed) N. G. Gibson M. D.

Aug 20, 191.7 (Address) 6[illegible] N. Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Aug. 21., 191.7.

20-UNDERTAKER Chas. G. Black

ADDRESS 1301 W. Mulberry St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7811

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

64 D 7811

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1053 N. Central Ave ST.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Pauline Siegle

(Residence in Baltimore: No. 1053 N Central Ave St.; 51 yrs., \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, April 28, 1848 (Month) (Day) (Year)

7-AGE, 69 yrs. 3 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adam Pfaff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hellmer

(Address) 1053 N. Central Ave

AUG 21 1917 ROBERT R. KRAUTER

Filed....., 191.. Burial Permit Clerk

13. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 20, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30, 1917, to Aug. 20, 1917, that I saw her alive on Aug. 20, 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Left Hemiplegia from Blood clot on Brain

(Duration) yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin B. Fenby, M. D.

Aug. 22, 1917. (Address) 223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	Aug. 22, 1917.
20-UNDERTAKER Henry Storck Son	ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7812

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7812

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

REGISTERED No. C 104

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Cook.

(Residence in Baltimore: No. 14 days. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 20, 1917.
(Month) (Day) (Year)

7-AGE, yrs. 3 mos. — ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm Evans.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Cook.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps.

(Address) Johns Hopkins Hospital

Filed AUG 21 1917, 191 ROBERT B. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 20, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 6 1917, to Aug 20 1917, that I saw h[illegible] alive on Aug. 1 20 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal indigestion

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) Margaret Tyler M. D.

Aug. 20, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Mt. Winans, Md.

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn

DATE OF BURIAL, Aug 21 1917

20-UNDERTAKER Samuel W. Chase

ADDRESS 1400 Mosher st

Spec.—5-19-13—M. & T.—500 Bks.

D 7813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103 ✓

D 7813

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 E Federal St.; E W WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Smith

(Residence in Baltimore: No. 415 E Federal St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 24 (Day), 1854 (Year)

7-AGE, 63 yrs. - mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cooper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Chas Smith

11-BIRTHPLACE OF FATHER (State or Country), New Jersey

12-MAIDEN NAME OF MOTHER, Mary McGuigan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie E. Smith

(Address) 415 E Federal St

15- AUG 21 1917 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Issued

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9 AM 8/20 1917, to 12 10 AM 8/20 1917, that I saw him alive on 8/20 1917, and that death occurred, on the date stated above, at 12,10 A m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Gastritis

.....

.....

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) H. Stanley Gorsuch M. D.

8/21, 1917 (Address) 2900 St. Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Aug 22, 1917

20-UNDERTAKER C. C. Weidefeld Jr. — ADDRESS Greenmount Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7814 — 104 — D 7814

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Nursery & Child Hosp. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriett Wms Smith

(Residence in Baltimore: No. Nursery & Child Hospital St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Single

6-DATE OF BIRTH, 12 (Month) 18 (Day), 1916 (Year)

7-AGE, ...yrs. 8 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Frederick Co. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss E. Stone

(Address) Mulberry and Franklin

15- AUG 21 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8/18, 1917, to 8/21 1917, that I saw h[illegible] alive on ....., 191.7, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows

Pulmonary Tuberculosis

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Harry Goldberg M. D.

8/21, 1917. (Address) 2231 W Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Aug. 22, 1917.
20-UNDERTAKER Geo J Smith	ADDRESS 1008 Fayette E

Spec.—8-24-14—M. & T.—2000 Bks.

D 7815

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7815

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Franklin Square St., Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Frank Huber

(Residence in Baltimore: No. Middle River Md St.; ....yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 12, 1897 (Month) (Day) (Year)

7-AGE, 20 yrs. 6 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Powder Plant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Huber

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Huber

(Address) Middle River Md

15- AUG 21 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 21, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 11 1917, to Aug 21 1917, that I saw h.m alive on Aug 21 1917, and that death occurred, on the date stated above, at 12.15 P.M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ....yrs. 15 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. S. Gold Tennyhough M. D.

Aug 21, 1917. (Address) Franklin Square Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....dy. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence Middle River Md

19-PLACE OF BURIAL, OR REMOVAL, Oak Lawn Cemetery | DATE OF BURIAL, Aug 23, 1917

20-UNDERTAKER Christian Miller | ADDRESS 2334 Gay St

Spec.—8-24-14—M. & T.—2000 Bks. H 1532

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7816 ✓ 64 ✓ D. 7816

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 N 21st ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas B. McGreevy

(Residence in Baltimore: No. 328 N 21st St.; ....yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Apr (Month) 15 (Day), 1852 (Year)

7-AGE,	If LESS than 1 day,
65 yrs. 4 mos. 6 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John McGreevy

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hayward Street

(Address) 328 N. 21st St.

Filed AUG 21 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 21st (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19th 1917, to Aug 21st 1917, that I saw h im alive on Aug 20th 1917, and that death occurred, on the date stated above, at 8 9 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Nephritis

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) W. A. Pearce M. D.

Aug 21st, 1917. (Address) 2105 Eden St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 4 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? 328 N. 21st St.

Former or usual residence Rocks Deer Creek, Harford Co. Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, Aug 23 1917
Holy Cross Harford Co.	
20-UNDERTAKER Ed Roy Stiffler	ADDRESS 844 N. 36th St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D. 7817.

CERTIFICATE OF DEATH.

89 D. 7817

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 Callender ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Mitchell Jr.

(Residence in Baltimore: No. 10 Callender St.; ...yrs. ~~8~~ mos. 35 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col.	Single

6-DATE OF BIRTH, ... October 16..., 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Wm Mitchell

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Isabella E. Jones

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Isabella E. Mitchell

(Address) 10 Callender St.

15- AUG 22 1917 ROBERT R. KRAUTER
Filed ....., 191. Burial Permit Clerk
20.B.S. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 19..., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19 1917, to Aug 19 1917, that I saw him alive on Aug 19 1917, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

.....
.....
..... Bronchitis
..... (Duration) ...yrs. ...mos. 14 ds.

CONTRIBUTORY (Secondary) Pneumonia
..... (Duration) ...yrs. 10 mos. ...ds.

(Signed) J. K. Andrews M. D.

Aug 22, 191.7 (Address) 91 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
[illegible] Cemetery	Aug 22, 191.7
20-UNDERTAKER Samuel J. Ramsey	ADDRESS 5[illegible] Eutaw

D. 7018

HEALTH DEPARTMENT—CITY OF BALTIMORE

105 D. 7018

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1058 Argyle St. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Thomas

(Residence in Baltimore: No. 1058 Argyle St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: June 20, 1912 (Month) (Day) (Year)

7-AGE: 5 yrs. 2 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto.

PARENTS.

10-NAME OF FATHER: Isaac Thomas

11-BIRTHPLACE OF FATHER (State or Country): Balto.

12-MAIDEN NAME OF MOTHER: Rosa Brown

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mother

(Address): 1058 Argyle

15- Aug 22 1917 ROBERT R. KRAUTER Registrar.

IDI Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: (Month) August 20, (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Rickets

(Duration) yrs. mos. ds.

(Signed) H. Wellington M. D. (Coroner.)

Aug. 21, 1917 (Address) 809 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Aug 23 1917

20-UNDERTAKER: Edward Ringgold — ADDRESS: 1463 N. Carey

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D. 7012

CERTIFICATE OF DEATH.

30 D 7012

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 6 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Ashby

(Residence in Baltimore: No. 415 N. Caroline St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 15 (Month) ..... (Day), 1913 (Year)

7-AGE, 4 yrs. — mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Alonzo Ashby.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Condelia ——

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Rhetts

(Address) Johns Hopkins Hosp.

AUG 22 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 11 1917, to Aug 19 1917, that I saw h in alive on Aug 19 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

tuberculous meningitis

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) tuberculosis, generalized.

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Margaret Tyler M. D.

Aug 20, 191.7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State 1 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 415 N. Caroline St.

19-PLACE OF BURIAL OR REMOVAL, Asbury Cem. DATE OF BURIAL, June 22 191.7

20-UNDERTAKER Wm R. Elliott ADDRESS 506 East

24

Spec.—8-24-14—M. & T.—2000 Blks.

D. 7820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D. 7820

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Stump all St. 27 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Day

(Residence in Baltimore: No. 505 Stump alley St.; 27 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Aug 19, 1890 ~~1917~~
(Month) (Day) (Year)

7-AGE, 27 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md VA.

PARENTS.

10-NAME OF FATHER, Thomas Babbett

11-BIRTHPLACE OF FATHER (State or Country), VA.

12-MAIDEN NAME OF MOTHER Susie Mason

13-BIRTHPLACE OF MOTHER (State or Country), VA.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Babbett

(Address) 125 N Hill St

Filed ..... 19..

ROBERT B. KRAUTER
Deputy Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 19, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15 1917, to Aug 19 1917, that I saw h[er] alive on Aug 19 1917, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

.....
Emphysema
.....
..... (Duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Carcinoma Pleura
(Duration) yrs. 1 mos. ds.

(Signed) J Guy Bowen M. D.

Aug 21, 1917. (Address) 136 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Aug 22, 1917.

20-UNDERTAKER Geo H Hooper

ADDRESS 1007 Pitt St

Spec.—5-19-13—M. & T.—500 Blks.

D. 7821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7821

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Byrd St. ST.; 24 WARD) REGISTERED No. C 79

2-FULL NAME Richard L. Marshall

(Residence in Baltimore: No. 1726 Byrd St. St.: ...yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct (Month) 22 (Day), 1842 (Year)

7-AGE, 74 yrs. 9 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). In cotton factory

9-BIRTHPLACE, (State or Country), Dorchester County, Md.

PARENTS.

10-NAME OF FATHER, Wm. Marshall

11-BIRTHPLACE OF FATHER (State or Country), Dorchester County, Md.

12-MAIDEN NAME OF MOTHER Harriet Lucas

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. J. Marshall

(Address) 1726 Byrd St.

Filed. AUG 22 1917 191 ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 11 1917, to Aug 21 1917, that I saw him alive on Aug 21 1917, and that death occurred, on the date stated above, at 4.50 p.m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. L. Deakins M. D.

Aug 21, 1917. (Address) 1216 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Aug 24, 1917.

20-UNDERTAKER Wm Cook ADDRESS 102 E. Fourth

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7822

CERTIFICATE OF DEATH.

41 D. 7822

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1836 East Pratt ST.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Dixon

(Residence in Baltimore: No. 1836 East Pratt St St.; 41 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March —, 1848
(Month) (Day) (Year)

7-AGE, 69 yrs. 5 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... at Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Patrick O' Donnoue

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Margaret Fawler

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Dixon

(Address) 1836 East Pratt St

15- AUG 22 1917 ROBERT B. KRAUTH
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11 1917, to Aug. 21 1917, that I saw h[er] alive on Aug. 21 1917, and that death occurred, on the date stated above, at 1130 A M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

Chronic (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) 6 yrs. ..... mos. ..... ds.

(Signed) H. B. Kelly M. D.

Aug. 21, 1917 (Address) 704 N. Patterson park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross, Hartford Rd. DATE OF BURIAL, Aug. 23, 1917.

20-UNDERTAKER William Cook ADDRESS 507 E North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D. 7823

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7823

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 E. Baltimore St.; 2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Goldschieder

(Residence in Baltimore: No. 1815 E. Baltimore St.; 1 yrs., 7 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. (Month) 12 (Day), 1916 (Year)

7-AGE, 1 yrs. 7 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Harry Goldschieder

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Esther Goldschieder

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Esther Goldschieder

(Address) 1815 E. Baltimore St.

15- AUG 22 1917

Filed....., 191.. Robert B. Krauter Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 20, 1916, to Aug. 21, 1917, that I saw him alive on Aug. 21, 1917, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Tumor

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Isaac M. Wacks M. D.

Aug 22, 1917. (Address) 1802 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt. Carmel

DATE OF BURIAL, Aug. 22 191.7

20-UNDERTAKER Jack Levis

ADDRESS 1411 E. Balto

Spec.—8-24-14—M. & T.—2000 Bks.

D 7824

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7824

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4254 Madison St.; 6 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Centomio Janos

(Residence in Baltimore: No. 425 N Madison St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) Aug (Day) 1 (Year) .....

7-AGE, 36 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Janos

(Address) 425 N Madison

AUG 22 1917 ROBERT B. KRAUTER

Filed ....., 191.... Burial Permit Clerk

B Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Aug (Day) 20, (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from Aug 11 1917, to Aug 20 1917, that I saw h[er] alive on Aug 19 1917, and that death occurred, on the date stated above, at 10:15 A m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer —
Acute Dilatation —
Stomach
..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease

..... (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) ..... M. D.

Aug 20, 191 7 (Address) 1 W. Mt. Vernon Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Aug 22 191 7
20-UNDERTAKER	**ADDRESS**
Frank Crack & Son	1904 E. Monument

Spec.—8-24-14—M. & T.—2000 Bks.

7825

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7825

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 N. Rose ST. 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Sladek

(Residence in Baltimore: No. 905 N Rose St.; 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, (Month) Nov (Day) 1 (Year)

7-AGE, 25 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER, Emil Sladek

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Rose Sluka

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emanuel Sladek

(Address) 905 N Rose St

15- AUG 22 1917 Filed, 191. ROBERT B. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 20, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 1 1917, to Aug 20 1917; that I saw h[er] alive on Aug 20, 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. J. Rouse M. D.

Aug 21, 1917 (Address) 1208 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer — DATE OF BURIAL. Aug 23, 1917

20-UNDERTAKER Frank Brackett — ADDRESS 1006 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7826

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Clifton Place ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie A. Theu

(Residence in Baltimore: No. 1621 Clifton Place St.; — yrs., 9 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Nov. (Month) 3 (Day), 1916 (Year)

7-AGE, — yrs. 9 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER, Raymond J. Theu

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Nora Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond J. Theu

(Address) 1621 Clifton Place

AUG 22 1917

Filed ....., 191.

ROBERT B. KRAUTER
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 21 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 13 1917, to Aug. 21 1917, that I saw h[illegible] alive on Aug. 20 1917, and that death occurred, on the date stated above, at 8:40 a.m.

The CAUSE OF DEATH* was as follows:

Ileo-colitis

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) R. C. Metzel M. D.

Aug. 21, 1917. (Address) 1930 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Aug. 23, 191.

20-UNDERTAKER Harry W. Ellis ADDRESS 1947 W. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7827

HEALTH DEPARTMENT—CITY OF BALTIMORE,

D 7827.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 N. Fulton Ave St.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Huth

(Residence in Baltimore: No. 1703 N. Fulton Ave St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~ MARRIED, ~~WIDOWED, OR DIVORCED.~~ (Write the word.) Widow

6-DATE OF BIRTH, June 21, 1844 (Month) (Day) (Year)

7-AGE, 73 yrs. 2 mos. — ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Switzerland

PARENTS.

10-NAME OF FATHER, Louis Huth

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. D. Heaver

(Address) 1623 N. Fulton Ave

15- AUG 22 1917 ROBERT R. KRAUTER Registrar.
Filed....., 191.... Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH August 21st 1917 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 15 191 7, to Aug 21 191 7, that I saw h.r alive on Aug 20 191 7, and that death occurred, on the date stated above, at 7:20 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Vaginae

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) N. G. Hunt M. D.

Aug 21 191 7 (Address) 1929 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, ..., 191...

20-UNDERTAKER Harry W. Ehlen — ADDRESS 1100 Mad...

B.

D. 7828

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7828

CERTIFICATE OF DEATH.

Registered No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 121 W. 24th St. St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Brady

(Residence in Baltimore: No. 121 W. 24th St. St.; yrs., 72 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, unknown, 1 .....
(Month) (Day) (Year)

7-About 72 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... NW

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Greenbury Brady

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary E. Brady

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lynwal X

(Address) 121 W. 24th St.

15- AUG 22 1917 ROBERT P. LAMDIN Burial Permit Clerk

Filed ....., 191. ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to X death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Morrison M. D.
(Coroner.)

Aug 22 191.7 (Address) 3 E. 32 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet X	Aug 22, 1917
20-UNDERTAKER	**ADDRESS**
W. J. Pickerson Son	North Ave

D. 7829

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

X-45

D. 7829

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2900 Walbrook ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Richie Hall

(Residence in Baltimore: No. 2900 Walbrook ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
male	white	widowed

6-DATE OF BIRTH Sept 10, 1867 (Month) (Day) (Year)

7-AGE 49 yrs. 11 mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): md.

PARENTS

10-NAME OF FATHER: J. P. Hall.

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Elizabeth Allen

13-BIRTHPLACE OF MOTHER (State or country): md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert Owings

(Address) 2900 Walbrook ave.

15- AUG 22 1917 191.. ROBERT B. KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24, 1917, to, Aug 22 1917, that I saw h.. alive on Aug 21 1917, and that death occurred, on the date stated above, at 12 5 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Prostate Gland.

(Duration) ..... yrs 15 mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), A. R. C. Miller M. D.

Aug 22 1917 [Address] 2757 W. North ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. 7 mos. ..... ds. In the State ..... yrs. 7 mos. ..... ds.

Where was disease contracted, if not at place of death? Union Mill

Former or usual residence Union Mill Md.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Nash. D. C.	Aug 24 191

20-UNDERTAKER W. J. Ickenson ADDRESS Hartford Pa

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7830.

CERTIFICATE OF DEATH.

89 D. 7830.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S. Robinson ST.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kenneth L. Litzer

(Residence in Baltimore: No. 312 S. Robinson St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, ... Jan. 30 ....., 1917
(Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. 20 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Albert L. Litzer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Grace Gleaf

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... A. L. Litzer .....

(Address) ..... 312 S. Robinson .....

15- Aug 22 1917 ..... 191.....

ROBERT E. KRAUTER
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug 20 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19th 1917, to Aug 20th 1917, that I saw him alive on Aug 20th 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

.....
..... Convulsions 4 hours
..... (Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) ..... acute Bronchitis .....
..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) ..... Adam a Ford ..... M. D.

Aug 21st, 191.7 (Address) ..... 4 E. 39 St Ellwood Va.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, Aug 22 191.7

20-UNDERTAKER Rudolph Hennig

ADDRESS 2016 Orleans

D. 7831

HEALTH DEPARTMENT—CITY OF BALTIMORE

99 ✓ D. 7831

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 928 Whitecort St.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William R. Compton

(Residence in Baltimore: No. 928 Whitecort St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, June 7, 1852.
(Month) (Day) (Year)

7-AGE, 65 yrs. 7 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. R. Crompton Jr.

(Address) 928 Whitecourt St.

15- DEC 22 1917 ROBERT F. KRAUSE Burial Permit Clerk

Filed....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, and thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypertrophy of the Heart (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

Aug 4, 1917 (Address) City Hall

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cemetery — DATE OF BURIAL, Aug 22, 1917.

20-UNDERTAKER James H. Dennis — ADDRESS 1303 Pressman St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 7832

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Sub. St.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Harvey Ingle

(Residence in Baltimore: No. 208 E. Fort Ave (Mother's address) St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug 14 (Month) 7 (Day), 1911 (Year)

7-AGE, ...yrs. ....mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Ingle

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co Md

12-MAIDEN NAME OF MOTHER Lucy Ann Jones

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Ingle

(Address) 208 E Fort Ave

AUG 22 1917 ROBERT E. KRAUTER

Filed....., 191.. Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 21 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1917, to Aug 21 1917, that I saw h[illegible] alive on Aug 21 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows: Premature Birth (7 mo -)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. A. Tucker M. D.

Aug 21, 191 7 (Address) Churchhome

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Cedar Hill Cem — DATE OF BURIAL, Aug 21, 1917

20-UNDERTAKER Mrs J. E. Evans Sons — ADDRESS 1424 Druid Hill Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7833

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7833

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Kaufman

(Residence in Baltimore: No. 38th & Eastern Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 27, 1917.
(Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 27 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Frederick Kaufman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Esther Curry

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Klaumberg

(Address) Johns Hopkin Hosp

AUG 22 1917

ROBERT B. BRAUTEN

Filed ....., 191. Burial Permit Clerk

B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 16 1917, to Aug. 21 1917, that I saw him alive on Aug. 21 1917, and that death occurred, on the date stated above, at 9.00 m.

The CAUSE OF DEATH* was as follows:

Bleeding from the oesophagus

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) Pertussis (Duration) ..... yrs. ..... mos. 7 ..... ds.

(Signed) Margaret Tyler M. D.

Aug 22, 1917. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ~ yrs. ~ mos. 5 ds. In the State ~ yrs. ~ mos. ~ ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 38th & Eastern Ave.

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel

DATE OF BURIAL, Aug. 23 1917.

20-UNDERTAKER Henry Lutz

ADDRESS 1007 N. Bond

D 7834 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7834

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Universität Hospital ST.: 4 × 120 WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Mc Cauley

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 1 (Month) 20 (Day), 1856 (Year)

7-AGE, 60 yrs. 9 mos. ds. If LESS than 1 day, ...hrs. or....mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joshua McCauley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Cordelia Love

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. McCauley (Brother)

(Address) 313 East E. at Sparrow Pt Md

15- AUG 22 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 20 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremic Coma,

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration)....yrs....mos....ds.

(Signed) Dr. [illegible] (Coroner) M. D.

Aug 21, 1917 (Address) 312 Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL, Elkridge M. E. Church Cemetery

DATE OF BURIAL, AUG 22 1917

20-UNDERTAKER ARMSTRONG-DENNY CO.

ADDRESS 715 Light St

B.

Spec.—8-24-14—M. & T.—2000 Bks.

(See affadivit over)

D 7835

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7835

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Goldstein

(Residence in Baltimore: No. 415 Aisquith St.; 3 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, [illegible] (Month) [illegible], (Day) 1911 (Year)

7-AGE, 63 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Mischcol Hungary

PARENTS.

10-NAME OF FATHER, Louis Klein

11-BIRTHPLACE OF FATHER (State or Country), Mischcol Hungary

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Volkman

(Address) 407 Aisquith St

15- Filed AUG 22 1917, 191..., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 21 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19 1917, to Aug 21 1917, that I saw her alive on Aug 21 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

Operation (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. Peterkin M. D.

Aug 21, 191... (Address) Franklin & Stiles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 407 Aisquith St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, Aug 24 1917

20-UNDERTAKER Sol Levinson & Co — ADDRESS 1107 E Balto St

b. 7835

1917

Personally appeared before me this 23rd. day of November, 1922. Mr. Jos. L.Brown of Seattle, Wash. and made affadavit that the residence in Baltimore of Mrs. Rosa Goldstein was given as thirty years which is incorrect, the same should be"about three years" and the place of the the birth was stated as Russie which is incorrect, same should be Hungaria. Also the Birth place of Louis Kline, father of Mrs. Rose Goldstein was stated as Russie which is incorrect, same should be Hungaria. Also the Birth-place of the mother of Mrs. Goldstein was stated"Unknown" which is incorrect, the same should be Hungaria. These corrections are to be made on Baltimore City Death Certificate C-7835.

Joseph L. Brown

Subscribed and Sworn before me this 23rd. Day of November, 1922.

Reed Gaither
per S E Lugg
Notary.

D 7836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7836

1 PLACE OF DEATH

REGISTERED No. C 40

CITY OF BALTIMORE (No. 506 S Sharp St ST. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Berlovitz

(Residence in Baltimore: No. 506 S Sharp St St.; 9 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-~~SINGLE~~, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH Unknown (Month) , 1 (Day) (Year)

7-AGE 73 yrs. — mos. — ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Russia

PARENTS

10-NAME OF FATHER Mikel Friedman

11-BIRTHPLACE OF FATHER (State or country) Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Meyer Friedman

(Address) 506 S Sharp St

15. AUG 22 1917 ROBERT B. KRAUTER

Filed ..., 191... Central Records Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug (Month) 21 (Day) , 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May, 1917, to, Aug 20 1917.

that I saw h[illegible] alive on ..., 191...

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

Chronic (Duration) ... yrs. 4 mos. ... ds

Contributory (SECONDARY)

(Duration) ... yrs. [illegible] mos. ... ds.

(Signed) A. G. Friedman M. D.

Aug 22, 1917 (Address) 918 E. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 506 S Sharp St

19-PLACE OF BURIAL OR REMOVAL Holm Washington Rd | DATE OF BURIAL Aug 22, 1917

20-UNDERTAKER A. Feldman & Bro | ADDRESS 1007 E Balto St

(Physician's Certificate.)

Spec.—8-24-14—M. & T.—2000 Bks.

D 7837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 107

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 Madeira St. 6 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara E. Hawkins

(Residence in Baltimore: No. 105 Madeira St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 15 (Day), 1911 (Year)

7-AGE, 6 yrs. 4 mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Hawkins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lillymay Watts

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillymay Hawkins

(Address) 105 Madeira St.

AUG 22 1917 ROBERT B. KRAUTH

Filed, 191. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1917, to Aug. 19, 1917, that I saw h[illegible] alive on Aug. 19, 1917, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Thermal Fever

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Tuberculosis Pulmonary

(Duration) yrs. 1 mos. ds.

(Signed) Jno. C. Shea M. D.

Aug. 20, 1917. (Address) 1520 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery

DATE OF BURIAL, Aug. 22, 1917.

20-UNDERTAKER, Chas. E. Bailey

ADDRESS, 1421 Jefferson st

Spec.—8-24-14—M. & T.—2000 Bks.

D 7838

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7838

CERTIFICATE OF DEATH.

REGISTERED NO. C 4 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Lowery

(Residence in Baltimore: No. 1413 Mt. Royal ave. St.; 1 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, ~~September~~ November 19, 1850
(Month) (Day) (Year)

7-AGE, 66 yrs. 9 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Henry W. Lowery

11-BIRTHPLACE OF FATHER (State or Country), Mass

12-MAIDEN NAME OF MOTHER, Celina Van Dusen

13-BIRTHPLACE OF MOTHER (State or Country), Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Sibley

(Address) Johns Hopkins Hosp.

Filed AUG 22 1917 ROBERT B. KRAUTER Burial Permit, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 21, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1917, to Aug 21 1917, that I saw him alive on Aug. 21st 1917, and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Fibrosis

(Duration) 1 yrs. 11 mos. 15 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency 3 21

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. D. Lowery Jr. M. D.

Aug 22, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ~ yrs. ~ mos. 21 ds. In the State 1 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1413 Mt Royal Ave

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cy — DATE OF BURIAL, Aug 23, 191..

20-UNDERTAKER, Stewart & Co — ADDRESS 101 W Nth

Spec.—8-24-14—M. & T.—2000 Bks.

D 7839.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7839.

CERTIFICATE OF DEATH.

71

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 S Ellwood Ave ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarance M. Hopkins

(Residence in Baltimore: No. 918 S. Ellwood Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug 16, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Clarance R Hopkins

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Bessie Simmons

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarance R Hopkins

(Address) 918 S. Ellwood Ave

Filed ....., 191.... Registrar.

AUG 22 1917 ROBERT P. BRUCE Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 22nd, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 21st 1917, to Aug 22nd 1917, that I saw him alive on Aug 21st 1917, and that death occurred, on the date stated above, at 5.15 a.m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. H. Schwatka M. D.

Aug. 22, 1917. (Address) 734 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cemetery	Aug 22, 1917
20-UNDERTAKER	**ADDRESS**
Christian Weller	2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Blks.

D 7840.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7840

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8238 Montford Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Eggert

(Residence in Baltimore: No. 8238 Montford Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, October 28, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm A. Eggert

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Rose Cooper

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm A. Eggert

(Address) 8232 Montford Ave

15-

Filed....., 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 1917, to Aug 21 1917, that I saw her alive on Aug 21 1917, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Bronchitis and Enteritis

(Duration) ....yrs. ....mos. 22 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H C Pelletreau M. D.

Aug 22, 1917. (Address) 817 Hamilton Ter

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cemetery	Aug 23, 1917.
20-UNDERTAKER	**ADDRESS**
Christian Miller	2336 Jefferson st

Spec—5-19-13—M & T—500 Blks

D. 7841

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7841

CERTIFICATE OF DEATH.

REGISTERED NO. C 164

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 519 Light ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Joseph Geis

(Residence in Baltimore: No. 519 Light St. St.; 2 yrs., 3 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 4 (Month) 25 (Day), 1915 (Year)

7-AGE, 2 yrs. 3 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Henry Geis

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dora Koch

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Geis

(Address) 519 Light St.

15- AUG 22 1917

Filed..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8.20 1917, to 8.20 1917, that I saw h[illegible] alive on 8.20 1917, and that death occurred, on the date stated above, at 10,12 a m.

The CAUSE OF DEATH* was as follows:

(1) Myocarditis

(2) Four hours

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Stomach Vomiting

(Duration) 10 hours

(Signed) J. Wellington M. D.

8.20., 1917 (Address) 102 E. First

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Aug. 22 1917

20-UNDERTAKER M. J. Flynn

ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

D. 7842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 D 7842

REGISTERED No. C.....

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert St ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J Cowan

(Residence in Baltimore: No. 901 Hollins St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) June (Day) ..... (Year) 1860

7-AGE, 57 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Undertaker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Edw Cowan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Ott Knox

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Hamilton Cowan

(Address) 910 Hollins St

15- Filed AUG 22 1917 ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 21 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1917, to Aug. 21 1917, that I saw h im alive on Aug. 21 1917, and that death occurred, on the date stated above, at 2.15 A m.

The CAUSE OF DEATH* was as follows:

Toxaemia

..... (Duration) ....yrs....mos. 1 ds.

CONTRIBUTORY (Secondary) Appendicitis; Peritonitis

..... (Duration) ....yrs....mos. 5 ds.

(Signed) Chas H. Smith M. D.

....., 191... (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? At 611 Hollins St

Former or usual residence 611 Hollins St

19-PLACE OF BURIAL OR REMOVAL, New Bethel

DATE OF BURIAL, Aug. 24 191 7

20-UNDERTAKER Nand Eagleton

ADDRESS 916 Penna ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 7843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D. 7843

REGISTERED NO. C 17 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 N. Bamotor St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Georges

(Residence in Baltimore: No. 915 N. Bamotor St., ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem.

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) 1861 (Day) 1 (Year)

7-AGE ..... yrs. 76 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Warner

(Address) 915 N. Bamotor St.

15-

AUG 22 1917

Filed ....., 191.....

ROBERT P. CHAPPELL
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 22d, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 21 1917, to Aug 22d 1917, that I saw h[illegible] alive on Aug 21 1917 and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis Grave
Acute Bronchitis
Disease (Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Heart Insufficiency
Dropsy (Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

Aug 22, 1917. (Address) 1124 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, Aug 23, 1917.

20-UNDERTAKER Hamilton

ADDRESS 916 Bamotor

D 7844

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7844

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1017 Forest St. St.; 10 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter W. Wieland

(Residence in Baltimore: No. 1017 Forest St. St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Child

6-DATE OF BIRTH, Nov 14 (Month), (Day) 1916 (Year)

7-AGE, ... yrs. 9 mos. 6 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Fredrick P. Wieland

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Baroch

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fredrick P. Wieland

(Address) 1017 Forest St

15-

AUG 22 1917

Filed ....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... August 20 (Month), (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the dny stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

Jaundice (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Kelly (Coroner.)

Aug 21, 1917 (Address) 1032 Lan... M. D.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, August 22, 1917

20-UNDERTAKER Robt T Turner — ADDRESS 1442 Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

D 7845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82 D 7845

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N Lenwood Ave.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Loch

(Residence in Baltimore: No. 11 N Lenwood Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Widower

6-DATE OF BIRTH, May 12th 1844
(Month) (Day) (Year)

7-AGE, 73 yrs. 3 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Baker
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, John H Loch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos A Buddemeier

(Address) 11 N Lenwood Ave

15-

Filed....., 191....

ROBERT B. EPLATER.
Burial Permit Registrar.

Aug 22 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1917, to Aug 20 1917, that I saw him alive on Aug 20 1917, and that death occurred, on the date stated above, at 2.15 m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo D Dillard M. D.

Aug 21, 1917 (Address) 2818 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Aug 23, 1917

20-UNDERTAKER Louis Heerman

ADDRESS 32 S Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D. 7516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7516

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 N Washington ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred C. L. Sheppard

(Residence in Baltimore: No. 504 N Washington St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 18 (Day), 1885 (Year)

7-AGE, 32 yrs. 1 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Agent
(b) General nature of industry, business, or establishment in which employed (or employer)..... Insurance Co

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, James W Sheppard

11-BIRTHPLACE OF FATHER (State or Country) Baltimore City

12-MAIDEN NAME OF MOTHER Caroline Douglass

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Alfred Sheppard

(Address) 504 N. Washington St.

15- AUG 22 1917 ROBERT P. KRAUTER

Filed....., 191.. BURIAL PERMIT

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 19 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1917, to Aug 18 1917, that I saw him alive on Aug 19 1917, and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ....yrs. 1 mos. ....ds.

(Signed) O L Long M. D.

8/21, 191.7. (Address) 27 W. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet. DATE OF BURIAL, Aug 22, 1917

20-UNDERTAKER Jas. B. Cook. ADDRESS 1003 W. Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7347. **CERTIFICATE OF DEATH.** 152 D 7347.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Kennedy Hospital St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Nelson

(Residence in Baltimore: No. Kennedy Hospital St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 8 (Month) 19 (Day) 1917 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 10 hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Maryland.

PARENTS.

10-NAME OF FATHER Robert Faust

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Virginia Nelson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

Filed AUG 22 1917 191 ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 19 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 8-19 1917, to 8-19 1917, that I saw h[illegible] alive on 8-19 1917, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. C. Warnekros M. D.

8-19-, 1917 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Commissioner Health.

Per. Wm. E. Woodcock

Spec.—8-24-14—M. & T.—2000 Bks.

D

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 7848 CERTIFICATE OF DEATH. 151 D 7848

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Kraft.

(Residence in Baltimore: No. University Hospital St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 8 (Month) 18 (Day), 1917 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds. If LESS than 1 day, 0 hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Harry V. Kraft

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Jennie McCoy

13-BIRTHPLACE OF MOTHER (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- AUG 22 1917

Filed....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 18 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 8-18 1917, to 8-18 1917, that I saw her alive on 8-18 1917, and that death occurred, on the date stated above, at 2.20 p. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

6 hours

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. C. Marcus M. D.

8-18-, 191.7 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL Commissioner Health.

Per. Wm. E. Woodall

D 7812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7812

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 2812 Reese St. (WARD)

REGISTERED No. C

2-FULL NAME William Bayer

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2812 Reese St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Baby

6-DATE OF BIRTH, Feb (Month) 14 (Day), 1917 (Year)

7-AGE, yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Baby
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Charles Bayer

11-BIRTHPLACE OF FATHER (State or Country), Penn.

12-MAIDEN NAME OF MOTHER Spendlove

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Bayer

(Address) 2812 Reese

15-

Filed AUG 22 1917, 191... ROBERT R. KRAUTER Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Tuck Bruce (Coroner.) M. D.

Aug 21, 191.. (Address) 17 E. Lex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, | DATE OF BURIAL, ..., 19...

20-UNDERTAKER | ADDRESS

Commissioner of Health.

Per. Wm. F. Woodall

Spec.—5-19-13—M. & T.—500 Bks.

D 7850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 79 D. 7850

1-PLACE OF DEATH: CITY OF BALTIMORE: (No. 718 W Hamburg St.; Mildred Elizabeth Carson WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

(Residence in Baltimore: No. 718 Hamburg St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Child

6-DATE OF BIRTH. July (Month) 8 (Day), 1908 (Year)

7-AGE, 9 yrs. 1 mos. 13 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robt B Carson

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Charlotte E Hill

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Charlotte E Hill
(Address) 718 Hamburg St

15-
Filed AUG 22 1917 191... ROBERT R. KRAUTER Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 191 7, to Aug 21 191 7, that I saw her alive on Aug 20 191 7, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:
Mitral regurgitation
Heart.
(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Acute Nephritis
(Duration) ... yrs. ... mos. 21 ds.

(Signed) C E Davis M. D.
Aug 21, 191 7 (Address) 720 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Aug 23 191 7
20-UNDERTAKER	ADDRESS
James Dogman & Son	1000 S. Pacault

Spec.—8-24-14—M. & T.—2000 Bks.

D 7851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7851

1-PLACE OF DEATH St. Vincents Inf. asylum. 31

CITY OF BALTIMORE: (No. 1401 Division ST.; 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Studebecker

(Residence in Baltimore: No. 1401 Division St ST.; ...yrs., 6 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word)
Female	White	Single

6-DATE OF BIRTH, Dec 6, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. 14 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonard Mc. Parker.

(Address) 1114 Harford Ave.

15- AUG 22 1917 ROBERT B. KRAUTER
Filed ..., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 20, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1917, to Aug 20 1917, that I saw h.r alive on Aug 20, 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Hereditary Syphilis, Affecting the Cervical Spine

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) None.

(Duration) ...yrs. ...mos. ...ds.

(Signed) Leonard Mc. Parker M. D.

..., 191... (Address) 1114 Harford Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 6 mos. 14 ds. In the State ...yrs. 9 mos. 14 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Frederick Maryland.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Aug 22, 191.7

20-UNDERTAKER	ADDRESS
A. Fahey & Sons	606 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 D 7852

1-PLACE OF DEATH Womans Hosp. of Md. REGISTERED NO. C

CITY OF BALTIMORE: (No. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Case Rice.

(Residence in Baltimore: No. Womans Hosp. St.; yrs., mos. 19 hrs. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, August 21st, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 19 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Duane R. Rice

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Dorothy Case.

13-BIRTHPLACE OF MOTHER (State or Country), New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Duane R. Rice

(Address) Cedarcroft Govans Md

15- Filed AUG 22 1917, 191.... ROBERT E. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 21 1917, to Aug 22 1917, that I saw him alive on Aug 22 1917, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ....yrs....mos....ds.

(Signed) Hallie M. Clark M. D.

Aug. 22, 1917. (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Govans Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Aug 22, 1917.
20-UNDERTAKER Chas. E. Evans & Son	ADDRESS 118 W. Mt. Royal

Spec.—5-19-13—M. & T.—500 Blks.

D. 7853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓ D 7853

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Augusta St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard E Inners

(Residence in Baltimore: No. 1324 Augusta St.; ....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mail

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 13 (Day) 1853 (Year)

7-AGE, 58 yrs. 3 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Penna R. R

9-BIRTHPLACE, (State or Country), York Pa

PARENTS.

10-NAME OF FATHER, Emanuel Inners

11-BIRTHPLACE OF FATHER (State or Country), York Pa

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. E. Inners

(Address) 1324 Augusta St

15- Filed AUG 22 1917 191.....

ROBERT E. KRAUTER
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1917, to Aug 21 1917, that I saw h m alive on Aug 21 1917, and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. M. Pearce M. D.

Aug 22 1917 (Address) 8 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Olivet	Aug 24, 1917
20-UNDERTAKER J. H. Lauchheimer	ADDRESS 624 W Lex. St.

Spec.—5-19-13—M. & T.—500 lbks.

D 7551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 7551

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 S Dallas St ST.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Ennels

(Residence in Baltimore: No. 107 S. Dallas St St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Op Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, About 40 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer) Keeper

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annabel Maxwell

(Address) 107 S Dallas St

15- AUG 22 1917 ROBERT R. KRAUTER
Filed ....., 191.... BUYING PERMIT Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to August 21 1917, that I saw h[illegible] alive on Aug 20 1917, and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Anemia

..... (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Brights Disease

..... (Duration) 1 yrs. ....mos. ....ds.

(Signed) Richard L. Easlinger M. D.

Aug 21, 1917 (Address) 1514 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, Aug 23, 1917.

20-UNDERTAKER Harry A Vodery

ADDRESS 1725 Orleans St

D. 7855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

D. 7855

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Fort Ave & Towson St. St.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick J.Coleman.

(Residence in Baltimore: No. 1442 Towson St. St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White	Married.

6-DATE OF BIRTH, March 12th. 1879.
(Month) (Day) (Year)

7-AGE, 38 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer for
(b) General nature of industry, business, or establishment in which employed (or employer): B.& O.R.R.Co.

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, John Coleman.

11-BIRTHPLACE OF FATHER (State or Country) Ireland.

12-MAIDEN NAME OF MOTHER Mary McHale.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Coleman.(wife)

(Address) 1442 Towson St.

15- Filed AUG 22 1917, 191.... ROBERT R. KRAUTER Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 21st. 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental fracture of Skull.
Stepping from car #250 of U Ry & E Co. while car was in motion.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

Aug. 22, 1917. (Address) 1017 S. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery. DATE OF BURIAL, Aug 23, 1917

20-UNDERTAKER M. L. Flynn ADDRESS 1422 Light

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7856

CERTIFICATE OF DEATH.

1320

D 7856

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N. West ST.; 21 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie C. Frome.

(Residence in Baltimore: No. 423 N. West. St.; 39 yrs., 2 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (~~Write~~ the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) 7 (Day), 1878 (Year)

7-AGE.	If LESS than 1 day,
39 yrs. 2 mos. 25 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, George Hein

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Lena Busch

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Koons

(Address) 423 N. West.

15- AUG 22 1917 Filed....., 191... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 21 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 1916, to Aug 21 1917, that I saw h/r alive on Aug 21, 1917, and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration)...1...yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Uremia

..... (Duration)...yrs.....mos...3...ds.

(Signed) R. R. Campbell M. D.

Aug 23, 191.7 (Address) 644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London PK Cem

DATE OF BURIAL, 8.24, 191.7

20-UNDERTAKER J. Few McCully

ADDRESS 1201 E. Fort.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 ✓ D 7857

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 Hull St.; 24 WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Wesley White

(Residence in Baltimore: No. 1341 Hull st. St.; 82 yrs., 2 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male.	White	Widower

6-DATE OF BIRTH, June 7, 1835
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
82 yrs. 2 mos. 14 ds.	....hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Cecil county Md.

PARENTS.

10-NAME OF FATHER, John White

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Jane Hall

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs James W White

(Address) 1341 Hull st.

15- AUG 22 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 21, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to Aug 22 1917, that I saw h.m alive on Aug. 21 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Influenza

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ...yrs. ...mos. ...ds.

(Signed) Wallace Lone M. D.

....., 191... (Address) 420 E. Fort

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Carmel Cem	Aug 23, 1917
20-UNDERTAKER	ADDRESS
J. Frew McAnally	130 E. Fort.

Spec.—8-24-14—M. & T.—2000 Blks.

D. 7838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D. 7838

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 W. Hamburg ST.; 23 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Spriggs

(Residence in Baltimore: No. 224 W Hamburg St.; 58 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Widowed

6-DATE OF BIRTH, ... (Month) ..... (Day) 1857 (Year)

7-AGE.	If LESS than 1 day,
60 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Day
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer

9-BIRTHPLACE, (State or Country), Calvert Co. Md

PARENTS.

10-NAME OF FATHER, Jessie Spriggs

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rachel Rhodes

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Dixon

(Address) 224 W Hamburg St

AUG 23 1917 ROBERT R. KRAUTER

....., 191.... Burial Permit Clerk.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 21, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19 1917, to Aug 20 1917, that I saw h[illegible] alive on Aug 20 1917, and that death occurred, on the date stated above, at 1 30 a.m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Fat[illegible] Chronic Nephritis

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) John Bowley M. D.

8-22, 1917 (Address) 136 W Stiles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Aug 23 1917

20-UNDERTAKER John H. Toadvine — ADDRESS 423 N Stiles St

Spec.—8-24-14—M. & T.—2000 Bks.

D. 7859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D. 7859

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 Warner ST.; 22 WARD) REGISTERED No. C

2-FULL NAME Ulysus Bayley

(Residence in Baltimore: No. 622 Warner St.; 25 yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH ..... (Month) ....., 1843 (Year)

7-AGE, 74 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Isaac Bayley

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Laura Cordino

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Bailey

(Address) 622 Warner St.

15- Filed AUG 23 1917 191.. ROBERT R. KRAUTER Registrar.

Burial Permit (1) .....

5

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1917, to Aug 18 1917, that I saw h[illegible] alive on Aug 18 1917, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY. (Secondary) General Anasarca

(Duration) yrs. 6 mos. ds.

(Signed) L. A. Keese M. D.

Aug. 22 191.. (Address) 522 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Lebanon DATE OF BURIAL, Aug 23 191.

20-UNDERTAKER Wm F Cowan & Son ADDRESS 901 Hollins

Spec.—8-24-14—M. & T.—2000 Blks.

D 7660

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

79 D. 7660.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 n Chapel ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Crosley

(Residence in Baltimore: No. 618 n Chapel St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 16 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER May Murphey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Sallie Crosley

(Address)..... 618 N Chapel St

15- AUG 23 1917 Filed....., 191... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 21st, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 18 1917, to Aug 21 1917, that I saw h alive on Aug 20 1917, and that death occurred, on the date stated above, at 2 1/5 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

10 day (Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Mutual Insurance of

Diabetes (Duration) yrs. mos. ds.

(Signed) J. Edw. Fisher M. D.

Aug 21 191 7 (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Auburn Cem, DATE OF BURIAL. Aug 24, 1917.

20-UNDERTAKER Harry A. Dodrey ADDRESS 1725 Orleans

Spec.—5-19-13—M. & T.—500 Bks.

D. 7361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D. 7361

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2710 Monument St.; 7 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Edgar Kaufman

(Residence in Baltimore: No. 2710 Monument St. St.; ..yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. 23rd, 1916
(Month) (Day) (Year)

7-AGE, ..yrs. 7 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Frank Kaufman

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER, Minnie Harrington

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Kaufman

(Address) 2710 E. Monument St

15- AUG 23 1917, 1917 ROBERT R. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 21, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 16 1917, to Aug. 21 1917, that I saw h[illegible] alive on Aug 21 1917, and that death occurred, on the date stated above, at 10.30a.m.

The CAUSE OF DEATH* was as follows:

Status Epilepticus

(Duration) ..yrs. ..mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) ..yrs. ..mos. ..ds.

(Signed) Wm F Knott M. D.

Aug. 21, 1917. (Address) 701 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cem	Aug. 23, 1917
20-UNDERTAKER Geo M. Frick	ADDRESS 811 N Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

D 7662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7662

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2697 Dulaney St.; 20 WARD) REGISTERED NO. C

2-FULL NAME John H. Farley

(Residence in Baltimore: No. 2697 Dulaney St.; 5 yrs., mos. 11 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 1 (Month) (Day) 1912 (Year)

7-AGE, ...yrs. 5 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Jas E. Farley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rosella Petty

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. H. Farley

(Address) 2697 Dulaney St

15- Filed AUG 23 1917, 191.

ROBERT P. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 22 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 191 , to Aug 22 191 , that I saw h[illegible] alive on Aug 21 191 , and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Acute Colitis

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 25 ds.

(Signed) [illegible] M. D.

Aug 22, 191.. (Address) Emmitsburg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Aug 24, 191.7.

20-UNDERTAKER William Cook ADDRESS 507 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7863

78

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1240 N Washington ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas W. Nertney

(Residence in Baltimore: No. 1240 N. Washington St.; 77 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 27, 1845 (Month) (Day) (Year)

7-AGE, 71 yrs. 11 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Watchman for
(b) General nature of industry, business, or establishment in which employed (or employer)..... Balto City

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, James W. Nertney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Manahan

13-BIRTHPLACE OF MOTHER (State or Country) West Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Nertney

(Address) 1240 N Washington

15-

Filed Aug. 27 1917, 191.....

ROBERT R. KRAUTER
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1917, to Aug 22 1917, that I saw h[illegible] alive on Aug 22 1917, and that death occurred, on the date stated above, at 4.40 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Arthritis

(Duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Chas. E. Kellwat M. D.

Aug. 27th 1917. (Address) 1419 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem

DATE OF BURIAL, Aug 24, 1917.

20-UNDERTAKER William Cook

ADDRESS 507 E. North Ave

5

Spec.—8-24-14—M. & T.—2000 Bks.

D 7864

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7864

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2570 Allendale Road ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Carlos L. Secrist.

(Residence in Baltimore: No. 2570 Allendale Road. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ...Sept....24...., 1845
(Month) (Day) (Year)

7-AGE, 71 yrs. 10 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), State of Pa.

PARENTS.

10-NAME OF FATHER, Michael Secrist

11-BIRTHPLACE OF FATHER (State or Country), State of Pa

12-MAIDEN NAME OF MOTHER Maria B. Craig

13-BIRTHPLACE OF MOTHER (State or Country), State of Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie L. Secrist

(Address) 2570 Allendale Rd

15- AUG 23 1917 ROBERT R. KRAUTER

Filed ....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1917, to Aug 22 1917, that I saw h.. alive on Aug 22 1917, and that death occurred, on the date stated above, at 10.15 Am.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(Duration) yrs. mos. 14 ds.

(Signed) Howard K. Warren M. D.

Aug 22, 1917. (Address) 2604 Garrison Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn	Aug. 24, 1917.
20-UNDERTAKER	**ADDRESS**
Jno Cook	3078 Northern

Spec.—5-19-13—M. & T.—500 Bks.

D. 7865

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7865

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 110 Gordon St 3 REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar White

(Residence in Baltimore: No. 910 S. Caroline St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Sept. (Month) 11 (Day), 1892 (Year)

7-AGE, 24 yrs. 11 mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto - Maryland

PARENTS.

10-NAME OF FATHER, Joseph White

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary J Brown

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary White

(Address) 110 S. Caroline st

15-

Filed AUG 23 1917, 191.....

ROBERT E. KRAFFERT
Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1917, to August 21 1917, that I saw h m alive on Aug 21 1917 and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Richard L. Eastburn M. D.

Aug 22, 1917 (Address) 1514 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery

DATE OF BURIAL, Aug 26th 1917

20-UNDERTAKER Theodore White

ADDRESS 113 S. Wolfe st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7866

CERTIFICATE OF DEATH.

119 D 7866

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3351 Beech Ave ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna A. Williams

(Residence in Baltimore: No. 3351 Beech Ave. St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 4 (Day), 1897 (Year)

7-AGE, 20 yrs. 1 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Albert Swann

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Goldschmidt

(Address) 11 N. Highland Ave

15-

Filed AUG 23 1917, 19.. ROBERT B. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 22 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 20 1917, to Aug. 22 1917 that I saw her alive on Aug 22 1917 and that death occurred, on the date stated above, at 11-30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Interstitial Nephritis

Gastro-Enteritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 2 ds.

(Signed) J. H. Collenberg M. D.

Aug 22, 1917. (Address) 1810 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Aug 23 1917

20-UNDERTAKER Philip Herwig — ADDRESS 20 E Orleans

Spec.—8-24-14—M. & T.—2000 Blks.

D 7867.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7867

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 N. Port ST.; 8 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Koff

(Residence in Baltimore: No. 1703 N. Port St.; 57 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July 5 (Month), (Day), 1837 (Year)

7-AGE, 80 yrs. 1 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Stallings

(Address) 1703 N. Port St.

15- Filed AUG 23 1917, 191. ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 20 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 21" 1917, to Aug 20" 1917, that I saw h er alive on Aug. 20" 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Mitral disease Heart

(Intercurrent) (Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) C. W. Bliss M. D.

Aug. 22, 191. (Address) 100 S. Potters Point

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwartz Com. DATE OF BURIAL, Aug 23 191.7

20-UNDERTAKER Philip Herring ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Blks.

D 7868

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7868

CERTIFICATE OF DEATH.

105 ✓

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Mc Donogh St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel E. Tucker

(Residence in Baltimore: No. 1011 Mc Donogh St.; 30 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 11, 1887
(Month) (Day) (Year)

7-AGE, 30 yrs. 6 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George W. Chase

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth O'Neill

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John R. Tucker

(Address) 1011 Mc Donogh

15-

Filed AUG 23 1917, 191..

ROBERT P. KRAUTHOFF
Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1917, to Aug 22 1917, that I saw h[illegible] alive on Aug 22 1917, and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Uremic Convulsions

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Emil E. Lehnert M. D.

Aug 23, 191.7 (Address) 1414 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Aug 25, 191.7

20-UNDERTAKER Fickler & Fickler ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Blks.

D 7869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

D. 7869

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Eastern Ave. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bronislaw. Morawski

(Residence in Baltimore: No. 1526. Eastern Ave St.; ..... yrs., 2 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Male	Wht	Single

6-DATE OF BIRTH, Apr. (Month) 8 (Day) 1913 (Year)

7-AGE, ... yrs. 4 mos. 14 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): " "

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Frank Morawski

11-BIRTHPLACE OF FATHER (State or Country), Russ. Poland

12-MAIDEN NAME OF MOTHER Mary Sobecka

13-BIRTHPLACE OF MOTHER (State or Country), Russ. Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Morawski

(Address) 1526 Eastern Ave

15- AUG 23 1917 Filed ....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 22nd (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7th 191 7, to Aug 22nd 191 7, that I saw h[illegible] alive on Aug 21st 191 7, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis

..... (Duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. T. Reis M. D.

Aug 22, 191.. (Address) 24 E 23 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Aug 23 191 7.

20-UNDERTAKER William Fialkowski — ADDRESS 1618 Eastern

D 7870

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 7870

1-PLACE OF DEATH — CERTIFICATE OF DEATH.

CITY OF BALTIMORE (No. 633 Mulberry ST. 4 WARD) REGISTERED No. C 91

2-FULL NAME Nathan Philips

(Residence in Baltimore: No. 633 W. Mulberry St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col.	Single

6-DATE OF BIRTH, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE, ... yrs. 7 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Williams

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah Philips

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Philips

(Address) 633 W. Mulberry St

15-

AUG 23 1917

Filed ....., 191.... Burial Permit Block

B. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... August (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Broncho-Pneumonia,

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. D. Driscoll M. D.

(Coroner.)

August 22, 1917. (Address) 212 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, August 23 1917

20-UNDERTAKER Charles Bowers — ADDRESS 925 Pine

Spec.—8-24-14—M. & T.—2000 Blks.

D. 7671

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7671

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 S Castle ST.; V WARD)

REGISTERED No. C

2-FULL NAME Walter A. Shaney

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 220 S. Castle St.; 6/12 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, March 30, 1917. (Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) nurse

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Alexander Shaney

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Katherine M. Munch

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Shaney

(Address) 220 S. Castle St

15- AUG 27 1917

Filed....., 191.... Registrar.

B

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 27, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1917, to Aug 27 1917, that I saw him alive on Aug 27 1917, and that death occurred, on the date stated above, at 4:30a m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(Duration) yrs. 4 mos. 21 ds.

CONTRIBUTORY (Secondary) Malaria

(Duration) yrs. mos. ds.

(Signed) C. Lee T. Black M. D.

Aug 27, 1917 (Address) 2 S. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, Aug 29 1917.

20-UNDERTAKER H. Sanders & Sons

ADDRESS 1710 Eutaw St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7672

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7672

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH Md General Hospital

CITY OF BALTIMORE: (No. Isolation Ave & Madison ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Booze.

(Residence in Baltimore: No. 1209 Division St.; 55 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married.

6-DATE OF BIRTH, Unknown, 1869
(Month) (Day) (Year)

7-AGE 48 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ind

PARENTS.

10-NAME OF FATHER, Abraham Gent

11-BIRTHPLACE OF FATHER (State or Country), Ind.

12-MAIDEN NAME OF MOTHER Charlotte Burnon

13-BIRTHPLACE OF MOTHER (State or Country), Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Booze

(Address) 1209 Division St

15-

Filed AUG 23 1917, 191.....

ROBERT P. KRAUTER
Burial Permit Clerk

S. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 20, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 3 1917, to August 20 1917, that I saw her alive on August 20 1917, and that death occurred, on the date stated above, at 11:00 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis — arter

(Duration) yrs. — mos. — ds.

(Signed) J. J. Whitacre MD M. D.

(Address) Md Gen Hospital

August 20, 1917.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 17 ds. In the State 55 yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1209 Division St.

19-PLACE OF BURIAL OR REMOVAL, Ft. Carburn Cem. DATE OF BURIAL, Aug 23 1917

20-UNDERTAKER George A. Holland ADDRESS 631 Arnold Hill Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7873

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7873

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 Woodward St.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda. F. Harrison

(Residence in Baltimore: No. 824 Woodward St.; ..... yrs., 7 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... Jan (Month) 2 (Day), 1917 (Year)

7-AGE, ... yrs. 7 mos. 14 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John. W. Harrison

11-BIRTHPLACE OF FATHER (State or Country), Switzerland

12-MAIDEN NAME OF MOTHER Hilda. F. Harrison

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John. W. Harrison

(Address) ~~217~~ 824 Woodward St.

15-

AUG 23 1917

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1917, to Aug 22 1917, that I saw h alive on Aug 22 1917, and that death occurred, on the date stated above, at 4 15 m.

The CAUSE OF DEATH* was as followa:

Acute Gastro Enteritis

(Duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) R. L. Campbell M. D.

Aug 23, 191.7 (Address) 1644 Mason St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Aug. 22, 191.7

20-UNDERTAKER Jos Joerdens Son — ADDRESS 217 S. Paca

ALBERT H. ROUTH
Burial Permit Clerk

Spec.—8-24-14—M. & T.—2000 Blks.

D 7871 D 7871

HEALTH DEPARTMENT—CITY OF BALTIMORE

120

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2240 Guilford Ave ST.; 17 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jack Hoge Sr

(Residence in Baltimore: No. 2240 Guilford Ave St.: 50 yrs., 1 mos ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR ~~OR RACE~~, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 17, 1836 (Month) (Day) (Year)

7-AGE, 78 yrs. 4 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurseryman
(b) General nature of industry, business, or establishment in which employed (or employer): Trees + Plants

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, Wm Corse

11-BIRTHPLACE OF FATHER (State or Country), Harford Co Md

12-MAIDEN NAME OF MOTHER, Deborah Sinclair

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Robert L. Corse

(Address) 2240 Guilford Ave

15-
AUG 23 1917 Burial Permit Clerk
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH August 22, 1917. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 10 1917, to August 22 1917, that I saw h.. alive on August 22 1917, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

May (Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 1 yrs. mos. ds.

(Signed) Wm Corse M. D.

Aug 24, 1917. (Address) Gardenville Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Friends Burial Ground Baltimore Co Md. DATE OF BURIAL, Aug 24, 191.7.

20-UNDERTAKER, Henry Horn Sons ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Blks.

D 7875

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7875

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 W. Lombard ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph H. Nagle

(Residence in Baltimore: No. 1316 W Lombard St.: 82 yrs., — mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, August 8, 1835.
(Month) (Day) (Year)

7-AGE, 82 yrs. — mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired-Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R. R. Co.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Christian Nagle.

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E.A. Nagle,

(Address) 1316 W. Lombard St.

15- AUG 23 1917 ROBERT B. ARMSTRONG

Filed....., 191.... Registrar. Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 22, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1917, to August 22, 1917, that I saw h[illegible] alive on August 21, 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Cystitis & Nephritis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Old age

(Duration) ....yrs....mos....ds.

(Signed) John A. Head M. D.

....., 191.. (Address) 630 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Aug. 24, 1917.

20-UNDERTAKER Joseph B. Ehl

ADDRESS 1003 W Baltimore

D 7876 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7876

CERTIFICATE OF DEATH.

REGISTERED No. C 175

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.; 9 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph M White

(Residence in Baltimore: No. 504 Gorsuch ave ..St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Widower

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 63 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.
10-NAME OF FATHER, Joseph White
11-BIRTHPLACE OF FATHER (State or Country), Maryland
12-MAIDEN NAME OF MOTHER Mary Elliott
13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Anna Behm
(Address) 504 Gorsuch ave

ed....., 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug 20 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of Skull Caused by being Struck by Automobile
(Duration) ... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Accident
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. S. Dietrich M. D.
(Coroner.)
Aug 23, 191... (Address) 312 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. Life mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Columbia & Catawba
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery
DATE OF BURIAL, Aug 23 1917

20-UNDERTAKER M. Jos. Syfer
ADDRESS 600 W North ave

D. 2877

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

61 ✓ D. 2877

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 206 Rock st ST.: 18 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Laurence W Tyler

(Residence in Baltimore: No. 206 Rock st ST.: 6 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	single

6 DATE OF BIRTH ... (Month) Dec (Day) ... (Year) 1911

7 AGE 6 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9 BIRTHPLACE (State or country) Ellicott City Md

PARENTS

10 NAME OF FATHER Charles Tyler

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Helen Queen

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Helen Queen

(Address) 206 Rock

15 Filed AUG 23 1917 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug (Month) 21 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1917, to Aug 21 1917

that I saw h alive on Aug 21 1917

and that death occurred, on the date stated above, at 5-0 m.

The CAUSE OF DEATH* was as follows:

Meningitis probably tuberculous

(Communicated)

autopsy pending Duration ... yrs. ... mos. 6 ds

Contributory (SECONDARY) acute otitis media (Duration) ... yrs. ... mos. ... ds.

(Signed) XX Councilman

8-21, 1917 (Address) 117 W Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt Auburn — DATE OF BURIAL Aug 23 1917

20 UNDERTAKER Daniel Easton — ADDRESS Penna ave

IMPORTANT. See instructions on back of certificate. Exact statement of OCCUPATION is properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7678 D 7678

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Garrison

(Residence in Baltimore: No. 832 S. Eutaw Pl. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH. ....., 1..... (Month) (Day) (Year)

7-AGE. 3 week ....yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jas. Armstrong

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Lucy Garrison

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hospital

15- Filed AUG 23 1917, 191.... ROBERT R. KRAUTER Clerk. Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 19, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 18 1917, to Aug 19 1917, that I saw h[e] alive on Aug 19 1917, and that death occurred, on the date stated above, at 6[26] a. m.

The CAUSE OF DEATH* was as follows:

..... Coma

..... Haemorrhagic Disease of New Born

..... (Duration) ....yrs. ....mos. 3 ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Margaret Tyler M. D.

Aug 21, 191.7 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 21 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 832 S. Eutaw Pl

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL AUG 22 1917

Commissioner Health,

WM. F. WOODALL

S. c.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7879 — 151 — D 7879

CERTIFICATE OF DEATH.

1-PLACE OF DEATH The Johns Hopkins Hospital

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Mayer.

(Residence in Baltimore: No. ..... St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White	Single

6-DATE OF BIRTH, Aug. (Month) 16 (Day), 1917. (Year)

7-AGE,	If LESS than 1 day,
—yrs. —mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Mayer

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ellie Cullen

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- AUG 23 1917 Filed....., 191.... ROBERT R. REAUTER. Registrar.

Burial Permit filed

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 18 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 18 191 7, to Aug 18 191 7, that I saw h.im alive on ..... 191...., and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Immaturity - 1 month

Coma

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Transition

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) John Thomas ..... M. D.

Aug 18, 191 7 (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	AUG 22 1917, 191...
20-UNDERTAKER	ADDRESS
Commissioner Health,	

Per. Wm. E. Woodall

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7880

CERTIFICATE OF DEATH.

91 D 7880

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna May

(Residence in Baltimore: No. St. Elizabeth's Home St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, Mar 4, 1917.
(Month) (Day) (Year)

7-AGE, # yrs. 6 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) Calvert St.

15- AUG 23 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 19, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1917, to Aug 19 1917, that I saw her alive on Aug 19 1917, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Primary Bronchopneumonia

about (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward H. Smith M. D.

Aug 19, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted if not at place of death? St Eliz. Home

Former or usual residence St. Eliz. Home.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

D

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7881

CERTIFICATE OF DEATH.

151

D 7881

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 310 E. 22 1/2 ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Braddock

(Residence in Baltimore: No. 310 E 22 1/2 St.; yrs., mos. / ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M.

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)

6-DATE OF BIRTH, Aug 22, 1917. (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. / ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, George Hutchins

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Christy Braddock

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christy Braddock

(Address) 310 E 22 1/2 St

15- Filed AUG 23 1917, 191.... ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 22, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Chas. Thomson M. D. (Coroner.)

Aug 23 191.7 (Address) 1532 Rutland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

D 7882

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7882

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 203 S Bethel St (St.) 3 (Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Johnson

(Residence in Baltimore: No. 203 S Bethel St .....St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) MD

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eastern Police Sta

(Address) Bond & Broadway

15-

Filed AUG 23 1917, 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Tuberculosis

of Lungs (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Murphy Lucky M. D.
(Coroner.)

Aug 22, 1917 (Address) 1611 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, AUG 23 1917, 19....

20-UNDERTAKER ROBERT R. KRAUTER ADDRESS Undertaker Hospital

Burial Permit Issued

11

D 7683

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7683

166

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1028 Linden Ave ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanora McAndrews

(Residence in Baltimore: No. 1028 Linden Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH: Aug. (Month) 28 (Day), 1906 (Year)

7-AGE: 11 yrs. 0 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Bartholma McAndrews

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Nora Murry

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nora D. McAndrews

(Address) 2812 St Paul

15- AUG 23 1917 Filed....., 191... ROBERT B. KRAUTER Registrar. Burial Permit issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Aug. (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

accidental Burns

Of Body

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. ds.

(Signed) H. Adler Jones M. D.

(Coroner.) 191..(Address) Light Cor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Cathedral	Aug. 24, 1917
20-UNDERTAKER	ADDRESS
Hamilton Fackenthal Sons	626 Lexington

Spec.—8-24-14—M. & T.—2000 Blks.

D. 7081

HEALTH DEPARTMENT—CITY OF BALTIMORE

105 ✓

D. 7081

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 N. Bond St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth M Greevy.

(Residence in Baltimore: No. 1711 N. Bond St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 1, 184[illegible]
(Month) (Day) (Year)

7-AGE, 72 yrs. 3 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Dockery

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth Dockery

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary V Shaughnessy

(Address) 1711 N Bond

15-

Filed AUG 23 1911 191.. ROBERT R. KRAUTER Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 21, 1911
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 18 191[illegible], to Aug 21 1911, that I saw h[illegible] alive on Aug 21 1911, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Robertson M. D.

Aug 23, 191[illegible]. (Address) 16 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Aug 24, 1911

20-UNDERTAKER Robt J Turner ADDRESS 1747 N Bond

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7385

CERTIFICATE OF DEATH.

+ 4 28

D. 7385

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H Thomas.

(Residence in Baltimore: No. Univ. Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1898. (Year)

7-AGE, 19 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)..... 4

9-BIRTHPLACE, (State or Country), Washington D. C.

PARENTS.

10-NAME OF FATHER, Andrew Thomas

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Mary addison

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Hosp Record.

(Address).....

15- Filed AUG 23 1917 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug. (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9 1917, to Aug 21 1917, that I saw her alive on Aug 21 1917, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
and probably Tuberculosis
peritonitis

..... (Duration) ..... yrs. unknown mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B B Brumbaugh M. D.

Aug. 21, 1917. (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 12 ds. In the State ..... yrs. unknown mos. ..... ds.

Where was disease contracted, if not at place of death? unknown.

Former or usual residence Laurel Md.

19-PLACE OF BURIAL OR REMOVAL, Laurel Md. DATE OF BURIAL, Aug. 22nd, 1917.

20-UNDERTAKER E & B Hale ADDRESS 115 E Hoss St

D 7886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 D 7886

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hamburg St & Ohio Ave. St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilmer Henry Shaw.

(Residence in Baltimore: No. 1037 Ridgley St.

St.: 25 yrs. 3 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White.	Single

6-DATE OF BIRTH, May, 12th. 1882., 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
25 yrs. 3 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer)..... B.& O.R.R.Co.

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frederick L.Shaw.

11-BIRTHPLACE OF FATHER (State or Country) Martinsburg W.Va.

12-MAIDEN NAME OF MOTHER Sarah J.Gabbert.

13-BIRTHPLACE OF MOTHER (State or Country). Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah J.Shaw.(mother)

(Address) 1037 Ridgley St.

15- Filed AUG 231917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit No.....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 21st. 19171, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed about the body.
Accidental fall from a box car and run over by car drawn by Engine 1231 of B.& O.R.R.Co. ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs....mos....ds.

(Signed) Otto M. Reinhardt M. D.

(Correct) Aug.22,1917. 191... (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs.....mos.....ds. In the State....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Aug. 24 1917
20-UNDERTAKER Joseph B Cook	ADDRESS 1003 W Balto

D 7887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 7887

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1111 McCulloch ST. 11 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Cochran

(Residence in Baltimore: No. 1111 McCulloch St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Single

6-DATE OF BIRTH, January, 23, 1874 (Month) (Day) (Year)

7-AGE: 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron
(b) General nature of industry, business, or establishment in which employed (or employer): Worker

9-BIRTHPLACE. (State or Country). Canada

PARENTS:
10-NAME OF FATHER: Unknown
11-BIRTHPLACE OF FATHER (State or Country): Unknown
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Robt. A. Cox
(Address) 1111 McCulloch St

15-AUG 28 1917 ROBERT R. KRAUTER
Filed ....., 191.... Registrar
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Disappearance of Left Mitral valve
2. (Duration) Entire
CONTRIBUTORY (Secondary) Unknown
(Duration) yrs. mos. ds.

(Signed) H. W. Williams (Coroner) M. D.
Aug 23, 1917 (Address) 819 N. Eden

*State the DISEASE CAUSING DEATH, or, in deatbs from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Aug. 24. 1917
20-UNDERTAKER C. Schlomann & Son ADDRESS 1039 Hanover St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7088

CERTIFICATE OF DEATH.

D 7089

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 710 Eisler ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Scott

(Residence in Baltimore: No. 710 Eisler St.; 41 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Don't know, 1876
(Month) (Day) (Year)

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Columbus Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Scott

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis C. Johnson

(Address) 203 W. Hamburg St.

15-

Filed AUG 23 1917, 191. ROBERT R. KRAUTER Burial Permit Officer.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 22, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 11 1917, to Aug 21 1917, that I saw h alive on Aug 20 1917, and that death occurred, on the date stated above, at 1130 A m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(Duration) yrs. 14 mos. ds.

CONTRIBUTORY (Secondary) Double foot

(Duration) yrs. mos. 21 ds.

(Signed) J. Guy Bowley M. D.

8/24, 191. (Address) 136 W. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn

DATE OF BURIAL, Aug. 24, 191.

20-UNDERTAKER John H. Owens

ADDRESS 538 Valley

Spec.—8-24-14—M. & T.—2000 Blks.

D. 7889

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

D. 7889

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 W. Conway St. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Windsor (Colored)

(Residence in Baltimore: No. 621 W. Conway St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 3 (Day), 1917 (Year)

7-AGE, ...yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Leonard T. Windsor

11-BIRTHPLACE OF FATHER (State or Country), Annapolis Md

12-MAIDEN NAME OF MOTHER Anna Bury

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonard T. Windsor

(Address) 621 W. Conway St.

15- Filed JUN 24 1917, 191. ROBERT R. KRAUTER Burial Permit Clerk..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16 191..., to June 23 191..., that I saw h... alive on June 22 191..., and that death occurred, on the date stated above, at 11 45 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Acut
Diabetes

(Duration) 10 yrs. 10 mos. 8 ds.

CONTRIBUTORY (Secondary).....

(Duration)..... yrs. ....mos. ....ds.

(Signed) Raymond O'Meara M. D.

June 23, 1917. (Address) 1 E Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, June 24, 1917.

20-UNDERTAKER Jos Jorsdens Son ADDRESS 217 S. Pac

Spec.—8-24-14—M. & T.—2000 Bks.

D 7890 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7890

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 814 S Glover ST.; 1 WARD)
REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Berzenske

(Residence in Baltimore: No. 814 S Glover St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, August 13, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 10 mos. ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER Michael Berzenske
11-BIRTHPLACE OF FATHER (State or Country) Maryland
12-MAIDEN NAME OF MOTHER Josephine Sulbulska
13-BIRTHPLACE OF MOTHER (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Josephine Sulbulska
(Address) 814 S Glover St

15- AUG 24 1917 ROBERT R. KRAUTER
Filed....., 191.. Burial Permit Clerk
B Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1917, to Aug 23 1917, that I saw h— alive on August 20 1917, and that death occurred, on the date stated above, at 6 30a.m.

The CAUSE OF DEATH* was as follows:

Chronic Broncho-Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. ds.

(Signed) N B Tatlow M. D.

Aug 23, 1917 (Address) 3035 O'Donnell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem — DATE OF BURIAL, Aug 24, 191.7

20-UNDERTAKER Stephen F Stalkowski — ADDRESS 1019 S Howard

D 7691

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

105

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1721 Braddish Ave ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mabel L Tracey

(Residence in Baltimore: No. 1721 Braddish ave St.; 2 yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: March (Month) 9 (Day), 1916 (Year)

7-AGE: 2 yrs. 5 mos. 13 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: James Tracy

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Clara Moran

13-BIRTHPLACE OF MOTHER (State or country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr James Tracy

(Address) 1721 Braddish

15- AUG 24 1917 Filed ....., 191 — ROBERT R. KRAUTER Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 22 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1917, to, Aug 22 1917, that I saw h.er alive on Aug 22 1917, and that death occurred, on the date stated above, at 7.10 p. m.

The CAUSE OF DEATH* was as follows:

Illio colitis

(Duration) ..... yrs ..... mos. 8 ds.

Contributory (SECONDARY) Broncho-pneumonia

(Duration) ..... yrs ..... mos. 2 ds.

(Signed), J Earl Talbott M. D.

Aug 22, 1917 [Address] 1353 W. North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, If not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Aug 24 1917
20-UNDERTAKER	**ADDRESS**
W M Kenton	231 N Green

(If not buried, cremated or removed, write the word)

Exact Statement of OCCUPA-

See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D. 7892

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7892

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N. Greene ST.; 17 WARD)

REGISTERED NO. C 40

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen M. Dorney

(Residence in Baltimore: No. 424 N. Greene St.; 50 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	White.	Single

6-DATE OF BIRTH, May (Month) 2 (Day), 1842 (Year)

7-AGE, 75 yrs. 4 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, George Dorney

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Eliza Tuton

13-BIRTHPLACE OF MOTHER (State or Country), NNew York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mrs. C. Davis,

(Address). 424 N. Greene St.

15- AUG 24 1917 ROBERT R. KRAUTER

Filed....., 191... Burial Permit Clerk

B Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 22 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 3 1917, to August 22 1917, that I saw her alive on August 21 1917, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Gastro Intestinal Carcinoma

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jno. D. Blake M. D.

Aug. 24 1917. (Address) 101 W. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ---yr.---mos.---ds. In the State ---yrs.---mos.---ds.

Where was disease contracted, if not at place of death? ----------

Former or usual residence ----------

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Aug, 24/17 191...
20-UNDERTAKER	**ADDRESS**
W. Maurice Routson	230N, Greene

D 7893 3 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7893 3

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH Opposite REGISTERED NO. C.....

CITY OF BALTIMORE (No. 1131 Saratoga W ST., 18 WARD)

2-FULL NAME Oscar O. Taylor (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1131 W Saratoga St.; yrs., mos. ds.)

8

Exact statement of OCCUPATION is very important. Fill out both sides of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day) 1912 (Year)

7-AGE, 5 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel Taylor

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary Randler

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Taylor

(Address) 1131 W Saratoga St

15- AUG 24 1917 ROBERT R. EBAUGH

Filed....., 191.. Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull Mangled body by Street R R Car accident

(Duration).....yrs. Instant mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) James M Fenton M. D. (Coroner.)

Aug 24 1917 (Address) 320 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, W M Aitken — DATE OF BURIAL, Aug 24 1917

20-UNDERTAKER Samuel E Wright — ADDRESS 1367 Mary

Spec.—8-26-14—M. & T.—2000 Blks.

8 4 HEALTH DEPARTMENT—CITY OF BALTIMORE 4

CERTIFICATE OF DEATH. 81

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 907 N. Monroe ST.; 16 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Moore

(Residence in Baltimore: No. 907 N. Monroe St.; 33 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dont Know ..... (Month) 1 ..... (Day) ..... (Year)

7-AGE, about 50 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cart Man
(b) General nature of industry, business, or establishment in which employed (or employer): For Balto City

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Moore

(Address) 907 N. Monroe

15- ROBERT R. REYNOLDS

Filed AUG 24 1917 191. Burial Permit Clerk

13 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 191 , to 191 , that I saw h- alive on Aug 22 1917, and that death occurred, on the date stated above, at 11.50 a. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis 1 d

Arterial Sclerosis

(Duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(Duration) 3 yrs. mos. da.

(Signed) T. H. Phillips M. D.

191... (Address) 1701 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Aug 25, 1917

20-UNDERTAKER William Cook — ADDRESS 504 E. North

Spec.—8-24-14—M. & T.—2000 Bks.

D 7695

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 D. 7695

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2034 W Fayette ST.; 20 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank P. Nolan

(Residence in Baltimore: No. 2034 W. Fayette St.; life yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	married

6-DATE OF BIRTH, Feb. (Month) 18th (Day), 1887 (Year)

7-AGE, 30 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber per
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Jas. P. Nolan

11-BIRTHPLACE OF FATHER (State or Country), and

12-MAIDEN NAME OF MOTHER Elizabeth Kummer

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. P. Nolan

(Address) 2034 W Fayette St.

15-

AUG 24 1917

Filed....., 191.... Burial Permit Clerk

B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13, 1917, to August 24, 1917, that I saw him alive on August 23, 1917, and that death occurred, on the date stated above, at 4a, m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) Albert J. Chambers M. D.

Aug. 24, 1917. (Address) 1012 N. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Lorraine

DATE OF BURIAL, Aug. 26, 1917

20-UNDERTAKER Graham F. Walker

ADDRESS 723 Cathedral

Spec.—8-24-14—M. & T.—2000 Blks.

D 7896

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 7896

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 Lancaster ST.; V WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bronislawa Krysiak

(Residence in Baltimore: No. 1733 Lancaster St.; ..... yrs., 10 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) S

6-DATE OF BIRTH, Sept. (Month) 26 (Day) 1917 (Year)

7-AGE, ... yrs. 10 mos. 27 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) " "

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thadeus Krysiak

11-BIRTHPLACE OF FATHER (State or Country), Russ Poland

12-MAIDEN NAME OF MOTHER Julia Krysiak

13-BIRTHPLACE OF MOTHER (State or Country), Russ Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thadeus Krysiak

(Address) 1733 Lancaster

15-

Filed ....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1917, to Aug. 23rd 1917, that I saw h[illegible] alive on Aug. 22nd 1917, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Summer diarrhoea

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G F Ches M. D.

Aug 23, 1917. (Address) 24 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Aug 24, 1917

20-UNDERTAKER Wm Fallkowski — ADDRESS 1618 Eastern Ave

D. 7697

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7697

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C 175

CITY OF BALTIMORE (No. Pratt st between Loyd & Central Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abe Schwartz

(Residence in Baltimore: No. 1105 East Pratt st

S9 yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. mal

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April — (Month) (Day), 1915 (Year)

7-AGE, 2 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Morris Schwartz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Goldie Kravitz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Esther Julia Platten

(Address) 1610 E Baltimore St

~~Brooklyn Broadway~~

15-

Burial Permit Clerk

Filed....., 191.....

....., Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally Shot (r Rev
Overley Car

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

Signed Thomas Ryan Sust Cy M. D.
(Coroner)

August 22, 1917 (Address) 1610 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Workmen circle Home — DATE OF BURIAL, Aug 24, 1917

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Balto

(Information on back of certificate.)

...ly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

D 7898

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7898

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3939 Frisby St.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. C. Seitz

(Residence in Baltimore: No. 3939 Frisby St.; ....yrs.,.... mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, December 29, 1838 (Month) (Day) (Year)

7-AGE, 78 yrs. 7 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Tobacco manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Samuel Seitz

11-BIRTHPLACE OF FATHER (State or Country), not Known

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha L. Seitz

(Address) 3939 Frisby St.

15-

AUG 24 1917 ROBERT R. KRAUTER

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 1916, to August 23 1917, that I saw him alive on August 23rd 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

.....C. (Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. M. Settle M. D.

August 23 1917. (Address) 2435 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Aug 25, 1917

20-UNDERTAKER Chas. G. Black & Son

ADDRESS 1201 W. Mulberry St

Dr Settle 2435 Md. Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7899

CERTIFICATE OF DEATH.

151

D. 7899

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 N. Glover ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernice Taylor.

(Residence in Baltimore: No. 200 N. Glover St.; .....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 7th, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John D. Taylor.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Madaleine Babst.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John D. Taylor.

(Address) 200 N. Glover St.

15- Filed Aug 24 1917 ROBERT R. KRAUTER Burial Permit Clerk.....

191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 23d, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 — 1917, to Aug 23d 1917, that I saw her alive on Aug 23d — 1917, and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Ileo Intussusception

.....

..... (Duration) ...yrs. ...mos. 20 ds.

CONTRIBUTORY (Secondary) Gastro enteritis

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) H. Lee Dunnington M. D.

Aug 24..., 1917. (Address) 1328 Eutaw St Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem

DATE OF BURIAL, Aug 25..., 1917.

20-UNDERTAKER Lilly-Zeiler

ADDRESS 403 S. Wolfe

D. 7900

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 409 Myrtle Ave ST.: 17 WARD)

CERTIFICATE OF DEATH.

15 D 7900

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William anderson

(Residence in Baltimore: No. 409 myrtle ave St.; yrs., mos. ds.)

Exact statement of OCCUPATION is very important. Fill all items. Numbers on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, ... August (Month), 1 (Day), ... (Year)

7-AGE, ... yrs. 1 mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Anderson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Alexine Gross

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) alexine Gross

(Address) 409 myrtle ave

15- Filed AUG 24 1917 191.. ROBERT R. KRAUTER Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug (Month) 22 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

a. Congenital Cardiac Malformation

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs.....mos.....ds.

(Signed) A. D. Lincoln M. D.

Aug 22, 191.. (Coroner.) (Address) 312 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Aug 24, 19..

20-UNDERTAKER Samuel A. Hensley ADDRESS 3718 Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7901 — 151 — D 7901

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 N Linwood ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carson W Smith

(Residence in Baltimore: No. 219 N Linwood St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 18, 1917 (Month) (Day) (Year)

7-AGE, ...yrs....mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Harold D Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Nettie E Scott

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno A Scott.

(Address) 219 N Linwood

15- Filed AUG 24 1917, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 23, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 18 1917, to Aug 23 1917, that I saw h[illegible] alive on Aug 23 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Imp. Premature Birth

Acute Pneumonia

.....(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Eclampsia (Mother) 5

.....(Duration)....yrs....mos....ds.

(Signed) C. L. Meyle Jr M. D.

Aug 24, 1917. (Address) 2631 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Aug. 24, 1917.

20-UNDERTAKER John A Moran — ADDRESS Bank [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 7902

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7902

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1106 N. Caroline St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Karl Christian Dierkson

(Residence in Baltimore: No. 1106 N. Caroline St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. (Month) 7 (Day), 1887 (Year)

7-AGE, 30 yrs. — mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Co., Md

PARENTS.

10-NAME OF FATHER, Christian Dierkson

11-BIRTHPLACE OF FATHER (State or Country). Bremen, Germany

12-MAIDEN NAME OF MOTHER Mary Stevens

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Dierkson

(Address) 1106 N. Caroline St.

15- Filed AUG 24 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 23 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 2 1917, to Aug 23 1917, that I saw h[illegible] alive on Aug 17 1917, and that death occurred, on the date stated above, at 3:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Oedema

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

(Signed) James L. Kaufenberg M. D.

Aug. 23, 1917. (Address) 1729 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Aug. 25, 1917.

20-UNDERTAKER H. N. Mears — ADDRESS 805 N. Caroline St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7903

CERTIFICATE OF DEATH.

78

D. 7903

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1427 McElderry St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Frankenis

(Residence in Baltimore: No. 1427 McElderry St.; 59 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) ....., 1..... (Year)

7-AGE, ...59.... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)..... Ord Occupation

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Dorsey.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Franklin

(Address) 1427 McElderry

15- AUG 25 1917 Filed....., 191..... ROBERT P. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 21 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1917, to Aug 21 1917, that I saw h e alive on Aug 20 1917, and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ....yrs. ....mos. ....ds.

(Signed) Walter A Wilhelm M.D.

Aug 24, 1917. (Address) 11 01 E Lee St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cemetery DATE OF BURIAL, Aug 26 1917.

20-UNDERTAKER P E Groll ADDRESS 1405 McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7904 — 104 — D 7904

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3358 Strickland St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Margaret Denson

(Residence in Baltimore: No. 3358 Strickland St.; Lifetime yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED,~~ WIDOWED, OR ~~DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH, March 24, 1917 (Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Alfred C Denson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Margaret Schuchard

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margaret Denson

(Address) 3358 Strickland St

15- Filed AUG 25 1917, 191.. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 19th 1917, to Aug 23rd 1917, that I saw her alive on Aug 21st 1917, and that death occurred, on the date stated above, at 5.10 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Broncho

.....

.....

..... (Duration) ....yrs. ....mos. 2 1 ds.

CONTRIBUTORY (Secondary) Bronchitis

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Wm T. Kelso Smith M. D.

Aug 24th, 1917 (Address) 2710 St Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Aug. 25, 1917.

20-UNDERTAKER Geo A Gerber ADDRESS Balto & Payson

86

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7905

166 D7905

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH Md. Gen. Hospital

CITY OF BALTIMORE (No. 1110 Linden St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nora Fally

(Residence in Baltimore: No. 1110 Linden St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOW(ER), OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown, 1879
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
38 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Woman 037
(b) General nature of industry, business, or establishment in which employed (or employer): Kitchen

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Murry

11-BIRTHPLACE OF FATHER (State or Country), Balto. Aug. 24 191..

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. McLaughlin

(Address) 1811 St. Paul

15- FILED AUG 25 1917 191.. ROBERT R. KRAUTER (Signed) Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock

accidental (Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Burns of body

(Duration) yrs. mos. 1 ds.

(Signed) H. Mullen M. D.
(Coroner)

191.. (Address) 614 Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 3 yrs. 4 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Aug. 24 19 17

20-UNDERTAKER Martin Fahey & Son ADDRESS 606 Lafayette

Important. See instructions on back of certificate. Exact statement of OCCUPATION is required. Unless the cause of death can be properly classified, it may be impossible to issue a burial permit.

D. 7906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

166

D. 7906

1-PLACE OF DEATH
CITY OF BALTIMORE (No. M° Gen'l. Hospital St.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Daly

(Residence in Baltimore: No. 1110 Linden St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, (Month) Aug. (Day) 20, (Year) 1916

7-AGE, 1 yrs. mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Mary Murray

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs B. McAndrews
(Address) 1210 St. Paul St.

15- AUG 25 1917 Filed, 191.. ROBERT R. KRAUTER Registrar.
Burial Permit issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Aug. (Day) 20, (Year) 1917

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock following Burns

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Burns

(Duration) yrs. mos. ds.

(Signed) J. J. Wilkerson (Coroner.) M. D.

(Address) 518 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL, Aug. 24 1917

20-UNDERTAKER: Martin Brake & Son ADDRESS: 606 Lafayette

Under Statement of OCCUPATION is very important. See back of certificate.

D 7907 . HEALTH DEPARTMENT—CITY OF BALTIMORE D 7907

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 116 W. 23rd ST. W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M Hilberg

(Residence in Baltimore: No. 116 W. 23rd St.; yrs. 73 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (~~Write~~ the word.)
Female	White	Single

6-DATE OF BIRTH, August (Month) 17 (Day), 1917 (Year)

7-AGE, 73 yrs. mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 000

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Frances L. Hilberg

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER S. C. Abbes

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles W. Hilberg

(Address) 1416 N. Broad St.

15- Filed AUG 25 1917, 191. ROBERT R. KRAUTER Clerk. Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Thos. Morrison M. D. (Coroner.)

Aug 24 1917. (Address) 3632 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Green Mount	Aug 26, 1917
20-UNDERTAKER John C. Mitchell	ADDRESS 1201 W. Fayette St

Be sure and answer all questions. Exact statement of OCCUPATION is very important. PHYSICIANS should state whether disease mentioned may be properly classified. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7908

CERTIFICATE OF DEATH.

104 D 7908

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1430 Riggs ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chandler Thalston

(Residence in Baltimore: No. 1430 Riggs Avenue St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Mulatto	Single

6-DATE OF BIRTH, July 21, 1916
(Month) (Day) (Year)

7-AGE. 1 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 800

9-BIRTHPLACE. (State or Country) Balto

PARENTS.

10-NAME OF FATHER. Samuel Watson

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Mary Thompson

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs

(Address) 1430 Riggs Ave

15- Filed AUG 25 1917, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 22, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) J. M. Statham M. D.
(Coroner)

Aug 22, 191.. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State None yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 25 1917

20-UNDERTAKER A. Jones — ADDRESS 207 S Eden St

IMPORTANT. PHYSICIANS should state plainly and fully the disease that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7909.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

7909.

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1532 Baker St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Jas H. Robey

(Residence in Baltimore: No. 1532 Baker st St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 SINGLE, MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word) Married

6 DATE OF BIRTH Mar. 16, 1854 (Month) (Day) (Year)

7 AGE '63 yrs. 5 mos. 7 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Policeman.
(b) General nature of industry, business, or establishment in which employed (or employer) 061

9 BIRTHPLACE (State or country) W. Va.

PARENTS

10 NAME OF FATHER Corbat Robey

11 BIRTHPLACE OF FATHER (State or country) W Va

12 MAIDEN NAME OF MOTHER Anne E Ross

13 BIRTHPLACE OF MOTHER (State or country) W Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Robey

(Address) 1532 Baker St

15 Filed AUG 25 1917 ROBERT R. KRAUTER Registrar

Burial Permit 0[illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug (Month) 23 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May, 1913, to Aug 23 1917, that I saw h[illegible] alive on Aug 22, 1917, and that death occurred, on the date stated above, at 12 15 m.

The CAUSE OF DEATH* was as follows:

Valvo Disease.

(Duration) 5 yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Oscar Lutz M. D.

Aug 23, 1917 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Mount Olivet Cemetery | DATE OF BURIAL Aug 26, 1917

20 UNDERTAKER Henry Lutz | ADDRESS 1007 N. Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

D 7910

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 W. Mount St.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles R. Phipps

(Residence in Baltimore: No. 9 W. Mount St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, Married WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, August 6, 1872
(Month) (Day) (Year)

7-AGE, 45 yrs. 0 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Pipe fitter
(b) General nature of industry, business, or establishment in which employed (or employer)..... B. & O. R. R. 160

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John C. Phipps

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Amelia Stru[illegible]

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Jane Phipps

(Address)..... 1619 N. Fulton Ave.

15- AUG 25 1917 ROBERT R. KRAUTER
Filed ..... 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 23, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 12 1917, to Aug 23 1917, that I saw him alive on Aug 23 1917, and that death occurred, on the date stated above, at 12 50 m.

The CAUSE OF DEATH* was as follows:

General Carcinoma Infection
Gastric Abdominal Pain
Final General Clinical
3 Yrs. (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Dr. Theo. M. Koller, M. D.

Aug. 24, 191.7. (Address) 34 S. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem

DATE OF BURIAL, Aug. 27 191.7

20-UNDERTAKER Jas Sanders, Son

ADDRESS 2171 Pac

Spec.—5-19-13—M. & T.—500 Blks.

D 7911

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 7911

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1245 Carroll ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Fohs

(Residence in Baltimore: No. 1245 Carroll St.: 43 yrs. 6 mos. 20 ds.)

8 Statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 20, 1917 (Month) (Day) (Year)

7-AGE, 43 yrs. 6 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John A Allison

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw H Fohs

(Address) 1245 Carroll st

15- AUG 25 1917 ROBERT R. KRAUTER

Filed..... 191.... Burial Permit (Clerk)

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1917, to Aug 23 1917, that I saw h[er] alive on Aug 23 1917, and that death occurred, on the date stated above, at 8 30 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY, (Secondary) Paralysis

(Duration) ....yrs. ....mos. 9 ds.

(Signed) Jos. E. Muse M. D.

Aug 24 191 7 (Address) 1520 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dr Hill Cem — DATE OF BURIAL, Aug 27, 191 7

20-UNDERTAKER Joseph B. Cook — ADDRESS 1003 Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7912 — 115 — D 7912

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aniello Menna

(Residence in Baltimore: No. 2323 W North Ave, St.; 39 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) September (Day) ..... (Year) 1878

7-AGE, 39 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)..... O&O

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Sabato Menna

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER M. Giuseppi

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Menna

(Address) 2323 W. North Ave.

15-

Filed Aug 25, 1917 ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 18 1917, to Aug 23 1917, that I saw h alive on Aug 23 1917, and that death occurred, on the date stated above, at 2.10 p m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis.

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cholethutinasis

..... (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) .....M. D.

Aug 23, 1917. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. mos 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2323 W. North Ave.

19-PLACE OF BURIAL, OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, 8-27-1917

20-UNDERTAKER C. J. Pitz — ADDRESS 1123 W. North Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7913 — D. 7913

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis I Bush

(Residence in Baltimore: No. Westminster Md St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	single

6-DATE OF BIRTH, June (Month) 12 (Day), 1901 (Year)

7-AGE, 16 yrs. 7 mos. 7 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, J W Bush

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER C M Devilbiss

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp Data

(Address) Green & Lombard

15-

Filed AUG 25 1917, 191.... ROBERT B. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8/16 1917, to 8/24 1917, that I saw h alive on 8/24 1917, and that death occurred, on the date stated above, at 6 15 p m.

The CAUSE OF DEATH* was as follows:

Septicaemia following Perforating wound of Appendix

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Perforating wound of appendix

(Duration) ....yrs. ....mos. 9 ds.

(Signed) Carl Schneider M. D.

8-27-1917, (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State ....yrs. 7 mos. ....ds.

Where was disease contracted, if not at place of death? Westminster Md

Former or usual residence Westminster Md

19-PLACE OF BURIAL OR REMOVAL, Westminster Carroll Co Md — DATE OF BURIAL, Aug 28th, 1917

20-UNDERTAKER William Pote — ADDRESS 1723 W Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D. 7011 +30 D. 7011

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J McDonald

(Residence in Baltimore: No. Fulton Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, Aug 26 (Month) (Day), 1915 (Year)

7-AGE, 2 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Non
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Fullerton Md.

PARENTS.

10-NAME OF FATHER, George McDonald

11-BIRTHPLACE OF FATHER (State or Country), Phila Pa

12-MAIDEN NAME OF MOTHER Helen G Hartnett

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George J McDonald

(Address) Fullerton Md

15- ROBERT E. KRAUTER

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 23 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 21st 1917, to Aug 23rd 1917, that I saw him alive on Aug 23rd 1917, and that death occurred, on the date stated above, at 11.20 P-m.

The CAUSE OF DEATH* was as follows:

meningitis, tuberculous

(Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Margaret Tyler M. D.

, 191... (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Aug 24 1917.

20-UNDERTAKER Robt E. Turner — ADDRESS 1429 N. Broadway

Blank statement of OCCUPATION is very important part of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 7915

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2414 E. Federal ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie V. Grauer

(Residence in Baltimore: No. 2414 E Federal St St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 29 (Month) (Day) 1872 (Year)

7-AGE, 45 yrs. mos. 25 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Buffalo

PARENTS.

10-NAME OF FATHER, Philip Kimpel

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Sarah Innes

13-BIRTHPLACE OF MOTHER (State or Country), Buffalo

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard Grauer

(Address) 2414 E. Federal St

15-

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 23, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5-1 1917, to Aug 23 1917, that I saw her alive on August 23 1917, and that death occurred, on the date stated above, at 1 15 P m.

The CAUSE OF DEATH* was as follows:

Acute Bright's

OVER

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Heart - Hernia

(Duration) 1 yrs. 6 mos. ds.

(Signed) D. A. Waldron M. D.

Aug 24 1917. (Address) 210 East Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Aug 26, 1917
20-UNDERTAKER Henry Storch Sons	ADDRESS 1301 E Eager St

AUG 25 1917 ROBERT B. KRAUTER Deputy Register (Clerk)

D. 7916

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

104 D. 7916

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2174 Bruce ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Green

(Residence in Baltimore: No. 2174 Bruce St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, April 5, 1917.
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Oliver Green

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Ida Green

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Green

(Address) 217 N Bruce St

15- AUG 25 1918

Filed....., 191.... ROBERT R. KRAUTH Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 24, 1918.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquisition (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Gastro Enteric Colitis

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Improper feeding

(Duration) 1 yrs. 2 mos. ....ds.

(Signed) James M Hutton M. D.
(Coroner.)

Aug 24 1918. (Address) 704 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Aug 25 1918

20-UNDERTAKER Edward Ringgold ADDRESS 1463 N Carey

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D. 7917

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7917

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 N. Fremont ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Brown

(Residence in Baltimore: No. 1512 N. Fremont ave St.; — yrs., 10 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Blk	Single

6-DATE OF BIRTH, September (Month) 27 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
— yrs. 10 mos. 26 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... 000

9-BIRTHPLACE, (State or Country), 1512 N. Fremont ave

PARENTS.

10-NAME OF FATHER, Joseph Brown

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co. Md

12-MAIDEN NAME OF MOTHER Eliza Goodman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Joseph. Brown

(Address)...1512 N. Fremont ave

15-

Filed.....191.....

ROBERT B. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19th 1917, to aug 23rd 1917, that I saw h im alive on aug 23rd 1917, and that death occurred, on the date stated above, at 2-a m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(Duration) — yrs. — mos. 13 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) — yrs. — mos. one ds.

(Signed) A. B. Gleaseock M. D.

aug 23rd 1917 (Address) 1811 Penna ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	aug 25. 1917
20-UNDERTAKER	ADDRESS
Edward Ringgold	1463 N Carey

Every statement of OCCUPATION is very important. Take pains to get it right. Do not leave it blank. Do not write "Housework" for a man, or "Laborer" for a woman. Be sure to fill out both lines of certificate.

D 7918

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7918

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2110 Eastern Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Almond Matuszewski

(Residence in Baltimore: No. 2110 Eastern Ave St.; yrs., mos. ds.)

IMPORTANT. PHYSICIANS should state name, residence and cause of death CLEARLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate, so that it may be properly classified.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 16, 1917 (Month) (Day) (Year)

7-AGE, yrs. 10 mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Hilary Matuszewski

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Bolesławski

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Matuszewski

(Address) 2110 Eastern Ave

15- AUG 29 1917 ROBERT R. KRAUTER

Filed ....., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Pleo Cordis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otis Y. Pond Jr. M. D. (Coroner.)

Aug 24, 1917. (Address) 1616 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem. DATE OF BURIAL, Aug 25, 1917

20-UNDERTAKER Stephen J. Falkowski ADDRESS 604 Ellwood Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7919 — +24 D 7919

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Hall

(Residence in Baltimore: No. University Hospital St.; ....yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Unknown ....., 1870
(Month) (Day) (Year)

7-AGE, ...47....yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Fireman .....
(b) General nature of Industry, business, or establishment in which employed (or employer) ..... R.R. 030 .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Robt. Hall

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Caroline Jones

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Wolfinger

(Address) 417 N. Charles St

15- AUG 25 1917 ROBERT R. REAUTER Burial Permit Clerk

Filed....., 191.....

B Registrar.

N. B.—Every item of information must be given, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 8/25 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8/23 1917, to 8/25 1917, that I saw h[illegible] alive on 8/20 1917, and that death occurred, on the date stated above, at 12:15 p.m.

The CAUSE OF DEATH* was as follows:

..... Acute Nephritis .....
..... Uraemia .....
..... 1 day (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.
8/25, 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Warsaw Va

19-PLACE OF BURIAL OR REMOVAL, Warsaw Va — DATE OF BURIAL, Aug 28, 191..

20-UNDERTAKER Joseph L Cook — ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7920

CERTIFICATE OF DEATH.

81 D 7920

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 North Bond Street ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Fountin

(Residence in Baltimore: No. 1521 North Bond Street. St.; ..... yrs., 3 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 8 (Day), 1849 (Year)

7-AGE, 68 yrs. ..... mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Penna.

PARENTS.

10-NAME OF FATHER, Robert Fountin

11-BIRTHPLACE OF FATHER (State or Country). Delaware

12-MAIDEN NAME OF MOTHER Mary H. Evans

13-BIRTHPLACE OF MOTHER (State or Country), Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Harry Ward

(Address) 1521 North Bond Street

15- Filed AUG 25 1917 191... ROBERT R. KRAUTER Burial Permit Clerk

Registrar.

N.B.—Every item of information must be given if possible. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 19 1917, to August 24 1917, that I saw h[illegible] alive on " 23 1917, and that death occurred, on the date stated above, at 2:00 p.m.

The CAUSE OF DEATH* was as follows:

Uremic Coma

Primary Senile Gangrene

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Paralysis of brain

(Duration) ... yrs. 2 mos. ... ds.

(Signed) Harry H. Ward M. D.

Aug. 24, 1917 (Address) 1121 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Cem DATE OF BURIAL, Aug 26 191 7

20-UNDERTAKER Chas. F. Evans & Son ADDRESS 1180 W. Fayette Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D. 7921

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7921

CERTIFICATE OF DEATH.

91

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 E. Pratt st ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fillie Gaponoff

(Residence in Baltimore: No. 1617 E. Pratt st. St.; ....yrs., 6 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb (Month) 10 (Day), 1917 (Year)

7-AGE, ...yrs. 6 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Abe Gaponoff

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rose Greenfeld

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Balto St

15- Filed AUG 25 1917, 191.. ROBERT R. KRAUTER Burial Permit Clerk Registrar.

N.B.—Every item of information should be given, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. All items are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 24 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 24 1917, to Aug 24 1917, that I saw her alive on Aug 24 1917, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Primary (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Failure

(Duration) ....yrs. ....mos. ....ds.

(Signed) M C Chedester M. D.

8/25, 1917. (Address) 716 N Wolfe

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Workmens circle | DATE OF BURIAL, 8/25, 1917

20-UNDERTAKER Jack Lewis | ADDRESS 1411 E Balto St

Dupe. 5-19-13 M. & T. 500 Blks

D. 7922

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7922

CERTIFICATE OF DEATH.

REGISTERED No. C 71

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 96 Ellamont ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Blanks.

(Residence in Baltimore: No. 96. Ellamont St. St.: ....yrs., mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... July 27, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE, (State or Country). 96 Ellamont St Baltimore Md.

PARENTS.

10-NAME OF FATHER. Charles H Blanks

11-BIRTHPLACE OF FATHER (State or Country). Washington D.C.

12-MAIDEN NAME OF MOTHER. Matilda Mathews

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Blanks.

(Address) 96 Ellamont St

15-

Filed AUG 25 1917, 191.... ROBERT R. KRAUTER Burial Permit Clerk
Registrar.

N. B.—Every item of information should be given, so that it may be complete. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug. (Month) 25 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191 .., to or Aug 25 1917, that I saw h im alive on Aug 25 1917, and that death occurred, on the date stated above, at 8.50 a m.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

2 hours.

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cause unknown

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) L. Bonnell Fargo M. D.

Aug 25, 191 7 (Address) 746 Dolphin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Aug 28, 191 7

20-UNDERTAKER Sam't H Chase Son

ADDRESS 1600 Madison

Spec—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7923

CERTIFICATE OF DEATH.

10 4 D 7923

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 ½ Woodyear ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer Freeman

(Residence in Baltimore: No. 802 Woodyear St.; 1 yrs., 5 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Sngle

6-DATE OF BIRTH, 3 (Month) 4 (Day) 1916 (Year)

7-AGE, 1 yrs. 5 mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Oliver Freeman

11-BIRTHPLACE OF FATHER (State or Country), dont Know

12-MAIDEN NAME OF MOTHER Viola Jackson

13-BIRTHPLACE OF MOTHER (State or Country), St Marys Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Viola Freeman

(Address) 802 ½ Woodyear

15-

Filed Oct 4 1917 ROBERT R. KRAUTER Registrar.

AUG 2 1917 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 23 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Augst 23 1917, to Augst 23 1917, that I saw h[illegible] alive on Augst 23 1917, and that death occurred, on the date stated above, at 1-20 P.M.

The CAUSE OF DEATH* was as follows:

Diarrhoea

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Mal Nutrition & Debility

(Duration) ....yrs. ....mos. 1 ds.

(Signed) C. P. Barker M. D.

Aug 23, 1917 (Address) 1403 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Auburn DATE OF BURIAL, Aug 23 1917

20-UNDERTAKER Lind & Case Co ADDRESS 1400 Mad[illegible]

N.B.—Every item of information should be given, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

D 7924 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7924

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Square Hospital St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Day

(Residence in Baltimore: No. 242 N Schroeder St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, 19 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: 084
(a) Trade, profession, or particular kind of work: Pole Fishing
(b) General nature of industry, business, or establishment in which employed (or employer): Fish dealers

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.
10-NAME OF FATHER, Eli Day
11-BIRTHPLACE OF FATHER (State or Country), Virginia
12-MAIDEN NAME OF MOTHER Ella Ball
13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Richard Day
(Address) 242 N Schroeder St

15-
Filed....., 191.....
Registrar.

N. B.—Every item of information should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 24, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bullet wound from accidental
(Duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Hemorrhage in brain
(Duration) yrs. mos. 3 ds.

(Signed) James M Ranson M. D.
(Coroner.)
Aug 24 191 7 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place Franklin Sq Hos In the of death yrs. mos. 3 ds. State yrs. mos. 4 ds.
Where was disease contracted, if not at place of death? 242 N Schroeder St.
Former or usual residence Virginia

19-PLACE OF BURIAL OR REMOVAL, Northumberland Co | DATE OF BURIAL, Aug 25 19 17

20-UNDERTAKER Samuel J Hemsley | ADDRESS 5 Bond Street

Spec.—5-19-13—M. & T.—500 Bks.

D 7925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7925

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Druid Hill ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph C Nichols

(Residence in Baltimore: No. 2223 Druid Hill ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) September (Day) 1 (Year) .....

7-AGE, 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) 086

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Nichols

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Louise Gibson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victoria Nichols

(Address) 2223 D H Av

15-

Filed....., 191.....

Registrar.

N.B.—Every item of information should be given, so that it may be properly registered. CAUSE OF DEATH in plain terms, so that it may be properly classified. All items are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1 191 7, to Aug 24 191 7, that I saw h[im] alive on Aug 24 191 7, and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H S McCarty M. D.

8/25, 191 7. (Address) 2005 Druid Hill Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cambridge Md — DATE OF BURIAL, Aug 26, 191 7

20-UNDERTAKER Samuel I Hemsley — ADDRESS 3784 Bell

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7926

CERTIFICATE OF DEATH.

108 D 7926

1-PLACE OF DEATH Hebrew Hospital

REGISTERED No. C

CITY OF BALTIMORE: (No. E. Monument ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arnold Stolberg

(Residence in Baltimore: No. 1020 N Patterson Park ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colute

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec (Month) 31 (Day), 1910 (Year)

7-AGE, 6 yrs. 7 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto md

PARENTS.

10-NAME OF FATHER, Samuel Stolberg

11-BIRTHPLACE OF FATHER (State or Country). Canada

12-MAIDEN NAME OF MOTHER Sarah Rosenbaum

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1411 E Baltimore St

15- AUG 26 1917 ROBERT B. KRAUTER

Filed....., 191.... Registrar.

Burial Permit

N. B.—Every item of information must be given, so that it may be complete, and especially so that it may be plain terms, so that it may be CAUSE OF DEATH important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 25 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1917, to Aug 25 1917, that I saw h im alive on Aug 25 1917, and that death occurred, on the date stated above, at 2:05 p m.

The CAUSE OF DEATH* was as follows:

Acute peritonitis

gangrenous appendicitis

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Pneumonia

(Duration) ....yrs. ....mos. 8 ds.

(Signed) C M B Lewis M. D.

8/25/, 191.. (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OR INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. 9 ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1020 N Patterson Park ave

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, 8/27 191 7.

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Balt St

D 7027

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

103

D 7027

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 515 West 28th St ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Henry De Hoff

(Residence in Baltimore: No. 515 West 28th St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb (Month) 10 (Day), 1848 (Year)

7-AGE: 69 yrs. 6 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Penna

PARENTS

10-NAME OF FATHER: Ames DeHoff

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Emma Van Dorn

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jennie DeHoff

(Address) 515 W 28th St

15- AUG 26 1917 Filed ....., 191.... ROBERT P. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 24 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1917, to Aug 24 1917, that I saw h[illegible] alive on Aug 24, 1917, and that death occurred, on the date stated above, at 9.50 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure
Sudden
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Acute Indigestion
(Duration) ..... yrs. 1 mos. 7 ds.

(Signed) R Richardson M. D.

Aug 25, 1917 (Address) 11 W 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Pa — DATE OF BURIAL: Aug 28 1917

20-UNDERTAKER: George J. Smith — ADDRESS 1100 Pa Fayette St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7928 — 107 — D 7928

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 N. Decker ave ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. O. Geiger

(Residence in Baltimore: No. 520 N. Decker av St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word) Single

6-DATE OF BIRTH, March 28, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. 4 mos. 27 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Wesley Geiger

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Amanda Petitt

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amanda Geiger

(Address) 520 N. Decker Av

15-

ROBERT B. KRAUTER

Filed ..... 191.....

AUG 26 1917 BUREAU PUBLIC HEALTH

Registrar.

N.B.—Every item of information must be given, so that it may be properly entered. CAUSE OF DEATH in plain terms, so that it may be properly classified. See important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191.., to Aug 25 191.., that I saw h.. alive on Aug 25 191.., and that death occurred, on the date stated above, at 6 9, m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. Henry Dunn M. D.

Aug 26, 1917. (Address) 1618 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Balto Cem — DATE OF BURIAL, Aug 26 191..

20-UNDERTAKER Philip Herring — ADDRESS 2016 Aliceanna

Spec.—8-24-14—M. & T.—2000 Bks.

D 7929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7929

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 N. Bentalow ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Abbott

(Residence in Baltimore: No. 1733 N. Bentalow St.; 71 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Feb 20, 1846.
(Month) (Day) (Year)

7-AGE, 50 yrs. 6 mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER Herman Goldsmith

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Caroline Himmelreich

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emanuel Spielbock

(Address) 191 S Mc Elderry St

15- AUG 26 1917 ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

Burial Permit

N.B.—Every item of information should be carefully considered before answering. CAUSE OF DEATH in plain terms, so that it may be properly classified. All items important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 — 25, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1916, to 8-25 1917, that I saw h[illegible] alive on 8-25 1917, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH was as follows:*

Carcinoma of Ovary, tissue, Left Femoral & Ulcers of Legs

1 Months (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ulcers

(Duration) yrs. 10 mos. ds.

(Signed) H. J. Barrett M. D.

8-25, 1917 (Address) 1631 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, Aug 27, 1917.

20-UNDERTAKER J. Ahrens & Co — ADDRESS 1611 Madison

D 7930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7930

1 PLACE OF DEATH

REGISTERED No. C 4 9

CITY OF BALTIMORE (No. 609 W. German ST.; 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vitantas. J. Gapsas.

(Residence in Baltimore: No. 609 W. German St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Sing.

6 DATE OF BIRTH: Jan. 29, 1916 (Month) (Day) (Year)

7 AGE: 1 yrs. 6 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George Gapsas

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Ludvika Povilosky

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Gapsas

(Address) 609 W. Germans

15 Filed AUG 26 1917 191 ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 26th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 25, 1917, to, August 25 1917, that I saw h.e alive on August 25, 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

1. Cerebritis
2.
3.

(Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Hopkins Dr. M. D.

Aug. 26, 1917 (Address) 127 Col Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St. Stanislaus Cem. DATE OF BURIAL: Aug. 26, 1917

20 UNDERTAKER: John Grabliunckas ADDRESS: 425 S. Paca St.

2 P M.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 D 7931

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Radzivich

(Residence in Baltimore: No. 3-14 N. Caroline St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 17 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk ? 009
(b) General nature of industry, business, or establishment in which employed (or employer): Balto Bargain House

977

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Frank Radzevs

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Mary Vicenovskas

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Radzevs

(Address) Roseville

15-

Filed ....., 191.....
Registrar.

AUG 26 1917 ROBERT P. KRAUTER
Special Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.)
Jurors find that said deceased came to.. h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull.
Collided with an Auto truck
Accident
(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Suicide

(Duration) .....yrs. .....mos. .....ds.

(Signed) H. L. Riley M. D.
(Coroner.)

Aug 26, 1917. (Address) 1427 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus	August 27, 1917

20-UNDERTAKER	ADDRESS
John Zebrowski	425 S Paca St

N. B.—Every item of information should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.

Spec.—8 24-14—M. & T.—2000 Bks.

D 7932 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7932

CERTIFICATE OF DEATH. 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital. ST.; WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas Maddox.

(Residence in Baltimore: No. Govans, Maryland St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dont Know (Month) (Day) (Year)

7-AGE, about 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 840

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Mary A Foy

13-BIRTHPLACE OF MOTHER (State or Country) England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Maddox

(Address) York Road near Willow Av

15- AUG 26 1917 ROBERT B. KRAUTER Filed....., 191..... Registrar.

N.B.—Every question in this certificate must be answered. If the cause of death is unknown, so state. Be sure that the CAUSE OF DEATH in plain terms, so that it may be understood, is given. Do not use abbreviations or technical terms. Omissions will cause delay and may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, aug. 24, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 1917, to Aug 24 1917, that I saw h m alive on Aug 24 1917, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. mos. 1 ds.

(Signed) J. Edward Stowe M. D.

aug 24, 1917. (Address) St Josephs Hospl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 40 yrs. mos. ds.

Where was disease contracted, if not at place of death? at patients home

Former or usual residence Govans Md.

19-PLACE OF BURIAL OR REMOVAL, St Marys Govans — DATE OF BURIAL, Aug. 28, 1917.

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 7933

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7933

CERTIFICATE OF DEATH.

113

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 Edmondson Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Lakey

(Residence in Baltimore: No. 906 Edmondson Ave St.; 35 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Aug. (Month) 23 (Day), 1858 (Year)

7-AGE, 59 yrs. ... mos. 2 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), St. Mary's Co Md

PARENTS.

10-NAME OF FATHER, Thomas Lakey

11-BIRTHPLACE OF FATHER (State or Country) St Mary's Co Md

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country) St Mary's Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma L. Dorsey

(Address) 906 Edmondson Ave

15- AUG 25 1917

Filed ....., 191.... ROBERT B. KRAUTER Registrar.

N. B. Enter CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 25 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1917, to Aug 24 1917, that I saw h[illegible] alive on Aug 24 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis of Liver

(Duration) Life yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Use of Alcohol

(Duration) 40 yrs. ... mos. ... ds.

(Signed) W. C. Hubbard M. D.

Aug 25, 1917 (Address) 1008 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemt

DATE OF BURIAL, Aug 27, 1917

20-UNDERTAKER W. M. Cook

ADDRESS 502 E Nathan

Spec.—8-24-14—M. & T.—2000 Blks.

D 7931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7931

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 N Calhoun ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Sparks

(Residence in Baltimore: No. 1327 N. Calhoun St.: 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1876 (Year)

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal Yard
(b) General nature of industry, business, or establishment in which employed (or employer): Coal Company

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Albert Sparks

11-BIRTHPLACE OF FATHER (State or Country), Not Given

12-MAIDEN NAME OF MOTHER Amelia Hunter

13-BIRTHPLACE OF MOTHER (State or Country), Do not Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary H Sparks

(Address) 1327 N Calhoun St

15- AUG 26 1917 ROBERT B. KRAUTER

Filed ....., 191.... Registrar.

Burial Permit (illegible)

N.B.—Every question must be answered in this CERTIFICATE OF DEATH in plain terms, so that it may be understood. Every item is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1917, to Aug 24 1917, that I saw h[illegible] alive on Aug 24 1917, and that death occurred, on the date stated above, at 11:20 a.m.

The CAUSE OF DEATH* was as follows:

Pancreatic cirrhosis Re-
Duration Eight Months

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Septicemia

(Duration) 1 yrs. 3 mos. ds.

(Signed) Edward Short M. D.

Aug 26, 191... (Address) 1512 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Aug 26 191 7.

20-UNDERTAKER Edward Ringgold

ADDRESS 1463 Hanover

Spec.—8-24-14—M. & T.—2000 Blks.

D 7935

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

D 7935

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 S Luzerne ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Kendell Boyd

(Residence in Baltimore: No. 816 S Luzerne St.; .....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 5, 1882
(Month) (Day) (Year)

7-AGE, 34 yrs. 9 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Marine Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): C.P.O.

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Amos K Boyd

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co

12-MAIDEN NAME OF MOTHER Virginia Besson

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hora Boyd

(Address) 816 S Luzerne

15-

Filed AUG 26 1917, 191.....

ROBERT P. KRAUTER
Burial Permit Clerk
Registrar.

N. B.—Every item must be answered in plain terms, so that it may be properly indexed. CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 18 1917, to Aug 25 1917, that I saw h— alive on Aug 25 1917, and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

..... Intestinal Obs.....

.....

.....

..... (Duration).....yrs.....mos. 11 ds.

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) J Wharton Jr M. D.

Aug 26, 1917. (Address) 1168 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Aug 28 1917.

20-UNDERTAKER John A Ahern — ADDRESS Bank & Aisquith St

Spec.—8-24-14—M. & T.—2000 Bks.

D 7936

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7936

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 N. Pulaska ST.; 15 WARD)

REGISTERED NO. C 1579

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lentz

(Residence in Baltimore: No. 1919 N. Pulaska St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug (Month) 31 (Day), 1875 (Year)

7-AGE, 41 yrs. 11 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 045
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry G. Lentz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary I. Lentz

(Address) 1919 N. Pulaski

15-

Filed ..... 191...

ROBERT N. KRAUTER
Burial Permit Clerk
AUG 26 1917
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 24 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1917, to Aug 24 1917, that I saw him alive on Aug 24 1917, and that death occurred, on the date stated above, at 6:10 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(Duration) 2 yrs. ....mos. ....ds.

(Signed) J. B. Culbertson M. D.

8/24/17 191... (Address) 1919 N. Pulaski

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem.

DATE OF BURIAL, ..., 191...

20-UNDERTAKER J. B. Stephenson

ADDRESS 1387 Fulton Ave

CAUSE OF DEATH in plain words. Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7937 14 D 7937

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 Mad. ave, ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Dayton

(Residence in Baltimore: No. 904 Mad. ave, St.; .....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... 1840 (Month) ....., 1 (Day) ..... (Year)

7-AGE, 77 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, J. B. Cobbs

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Betts Dillon

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. O. C. Jackson

(Address) 222 W. Madison St.

15-

Filed AUG 27 1917 ROBERT R. KRAUTER

Registrar.

Burial Permit 61614

N. B. CAUSE OF DEATH in plain terms, and important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 26th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6 1917, to Aug 26th 1917, that I saw her alive on Aug 26th 1917, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows: Chronic Dys-
entery - Dysentery Diarrhoea
Cause ..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Fr. Elliott M. D.

Aug 27 1917 (Address) 904 Mad. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Pamplin Va — DATE OF BURIAL, Aug 26 1917

20-UNDERTAKER E. J. Brauning — ADDRESS 58 Poppleton St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 7933

CERTIFICATE OF DEATH.

104

D. 7933

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Custis

(Residence in Baltimore: No. 1045 W. Lexington St.; 0 yrs., 3 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 10th 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Custis

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Mahoney

(Address) Johns Hopkins Hosp

15- ROBERT B. KRAUTER

Filed AUG 27 1917, 191.. Burial Permit Clerk

Registrar.

CAUSE OF DEATH in plain terms. Omissions important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191.., to Aug 25 1917, that I saw her alive on Aug 25 1917, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Gastro intestinal indigestion (acute.)

(Duration) ....yrs. ....mos. 25 ds.

CONTRIBUTORY (Secondary) Malnutrition

Exhaustion (Duration) ....yrs. ....mos. ....ds.

(Signed) Margaret Tyler M. D.

Aug. 25, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 25 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1045 W Lexington St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Aug. 27 191.7.

20-UNDERTAKER Charles B Jones

ADDRESS 235 Pine St

Spec.—8-24-14—M. & T.—2000 Blks.

D 7939 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 7939

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 691 W Mulberry ST.; 4 WARD)

REGISTERED No. C 64

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Meade

(Residence in Baltimore: No. 691 W. Mulberry St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1858 (Year)

7-AGE, 59 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Cal. Co. Md

PARENTS.

10-NAME OF FATHER, Thos Evans

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Nancy Burn

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Hecker

(Address) 691 W Mulberry St

15- ROBERT R. KEATES AUG 2. 1917 Burial Permit Clerk

Filed ....., 191.... B Registrar.

CAUSE OF DEATH in plain words. Omit abbreviations. Be particular and important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 25 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1917, to Aug 25 1917, that I saw h alive on Aug 29 1917, and that death occurred, on the date stated above, at 5 30 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Acute Lobar

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..... yrs. ..... mos. 15 ds.

(Signed) C. H. Hollan M. D.

Aug 25, 1917. (Address) 117 S Sharp St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Aug 27 191...

20-UNDERTAKER John H. Tradivin — ADDRESS 142 N Eutaw St

D 7940

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 D 7940

1 PLACE OF DEATH

CITY OF BALTIMORE (No 3250 Barclay ST. 17 WARD)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sidney a Bates

(Residence in Baltimore: No. 3250 Barclay St.; yrs. 6 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Blk.

5 SINGLE, ~~MARRIED~~ WIDOWED OR ~~DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: January (Month) 27 (Day), 1917 (Year)

7 AGE: ..... yrs. 6 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): none

9 BIRTHPLACE (State or country): Baltimore - Md.

PARENTS

10 NAME OF FATHER: Edward Bates

11 BIRTHPLACE OF FATHER (State or country): Baltimore - County

12 MAIDEN NAME OF MOTHER: Gertrude Perry

13 BIRTHPLACE OF MOTHER (State or country): Baltimore - Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Bates

(Address) 3250 Barclay So.

15 AUG 22 1917 ROBERT R. KRAUTER Filed ..... 191 Burial Permit Clerk

REGISTRAR

N. B.—Every item of information should be carefully supplied. Attempts to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August (Month) 25 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 18, 1917, to Aug. 25 1917, that I saw him alive on August 24, 1917, and that death occurred, on the date stated above, at 3 P. m. The CAUSE OF DEATH* was as follows:

Ileo-colitis.

(Duration) ..... yrs. ..... mos. 21 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Bertha E. Lapman M. D.

Aug 25, 1917. (Address) 2733 Gale Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Riverton Md. DATE OF BURIAL: Aug 27, 1917

20 UNDERTAKER: James H. Dennis ADDRESS: 1203 Preston

D 7911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7911

+1 12

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 4 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Glenn Ruark.
(Residence in Baltimore: No. Crisfield Md. St.; yrs,, mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan 9, 1896
(Month) (Day) (Year)

7-AGE, 21 yrs. 7 mos. 18 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Rail Road.....

9-BIRTHPLACE, (State or Country), Del

PARENTS.

10-NAME OF FATHER, Edward F. Ruark

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah J. Parks

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Glenn Ruark

(Address) Crisfield Md

15-

Filed AUG 27 1917, 191.....

ROBERT R. REACTION
Registrar. (Burial Permit Clerk)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 26, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of Cervical Vertebrae caused by diving in Shallow water at Crisfield Md. Accidental.
(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
.....P. (Duration).....yrs.....mos.....ds.

(Signed) H. D. Driscoll M. D.
(Coroner.)
Aug 26, 1917. (Address) 312 N Carroll Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. 11 ds. In the State.....yrs.....mos. 7 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Crisfield Md — DATE OF BURIAL, Aug. 27, 1917

20-UNDERTAKER Adam C Fuller — ADDRESS 221 N Broadway

N. B.—Every item of information should be given, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

7312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

OK 30 E. Hogan

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Iris Smart

(Residence in Baltimore: No. 2782 Tivoly Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec. 21, 1915.
(Month) (Day) (Year)

7-AGE, 1 yrs. 8 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Lorenz

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margaret Daly

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry H. Saunders

(Address) Johns Hopkins Hosp.

15-

Filed....., 191.....
Registrar.

N. B.—Every item must be answered in ink or indelibly. Be careful to state CAUSE OF DEATH in plain terms, so that it may be understood by all. Dates are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 24, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 23 1917, to Aug 27 1917, that I saw her alive on Aug 27 1917, and that death occurred, on the date stated above, at 11 15 p m.

The CAUSE OF DEATH* was as follows:

Meningitis, Tuberculous

(Duration)....yrs....mos. 3 ds.

CONTRIBUTORY.....
(Secondary)

(Duration)....yrs....mos....ds.

(Signed) Margaret Tyler M. D.

Aug. 25, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ✓ yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 2782 Tivoly Ave

19-PLACE OF BURIAL OR REMOVAL, Balto. Cem. DATE OF BURIAL, Aug. 27, 1917.

20-UNDERTAKER M. Doyle & Son ADDRESS 15 E. Fayette

Spec.—5-24-14—M. & T.—2000 Blks.

D 7913 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7913

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Smith

(Residence in Baltimore: No. 804 McDonough St St.: ....yrs., 8 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	Black	Single

6-DATE OF BIRTH, ..., 1896
(Month) (Day) (Year)

7-AGE, 21 yrs. - mos. - ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pipe fitter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Lengenus E Smith

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Sibley

(Address) Johns Hopkins Hosp.

15-

Filed....., 191....

B Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 23 Aug. 23, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 12 1917, to Aug 23 1917, that I saw him alive on Aug 23 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) - yrs. - mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Margaret Tyler M. D.

Aug 24, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. 12 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 804 McDonough St.

19-PLACE OF BURIAL OR REMOVAL, Smith Field Va DATE OF BURIAL, Aug 27, 1917.

20-UNDERTAKER R E Gross ADDRESS 1405 McElderry St

CAUSE OF DEATH to be plainly written. Items are important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+30 D 7944

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; ..... WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edmund B. Coy.

(Residence in Baltimore: No. 12 days St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, August 19, 1876
(Month) (Day) (Year)

7-AGE, 41 yrs. — mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Secty & Treas. for Atlas Powder Co.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Byron F. Coy.

11-BIRTHPLACE OF FATHER (State or Country), Maine

12-MAIDEN NAME OF MOTHER Lucia H. Bates.

13-BIRTHPLACE OF MOTHER (State or Country), Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phelps

(Address) Johns Hopkins Hosp.

15- AUG 27 1917 ROBERT R. KRAUTZ

Filed ....., 191.. Registrar.

CAUSE OF DEATH to print in plain letters. Be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 15 1917, to August 27 1917, that I saw him alive on August 27 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. McGlannahan M. D.

Aug 27, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2206 Boulevard Wilmington Del.

19-PLACE OF BURIAL OR REMOVAL, Wilmington Del — DATE OF BURIAL, Aug 30, 1917

20-UNDERTAKER John C. Mitchell — ADDRESS 1201 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 lbs.

D 7945

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7945

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 E Fort Ave ST.; 24 WARD) REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Wells

(Residence in Baltimore: No. 1718 Jackson St.; Lif yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 21, 1853 (Month) (Day) (Year)

7-AGE, 64 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work A. L.
(b) General nature of industry, business, or establishment in which employed (or employer) Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Conrad Arnold

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mefnart

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August E. Wells

(Address) 1718 E Jackson St

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 24, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 9, 1917, to Aug. 24 1917, that I saw her alive on Aug 24 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Wellington M. D.

Aug. 25, 1917. (Address) 1718 E Jackson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westview Cemet — DATE OF BURIAL, Aug 26, 1917

20-UNDERTAKER W M Cook — ADDRESS 1021 E Monument

CAUSE OF DEATH must be stated in plain English so that it can be understood by the public. Do not use abbreviations or technical terms. Indefinite terms, such as "Heart Disease," "Kidney Disease," "Cancer," "Tumor," "Abscess," "Paralysis," "Convulsions," "Hemorrhage," "Blood Poisoning," "Pneumonia," "Fever," "Debility," "Old Age," "Infantile," "Malformation," "Premature Birth," "Injuries," "Accident," "Suicide," "Homicide," "Unknown," are not sufficient. Deaths from violence must state the MEANS OF INJURY, as "Fall from Window," "Railroad Injuries," "Gunshot Wound," etc., and whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Deaths from childbirth must state the number of months pregnant. Deaths from cancer must state the location and duration. Deaths from tuberculosis must state the organ affected. Deaths from contagious diseases must state the source of infection. Deaths from operations must state the nature of the operation and the cause for which it was performed. Deaths from puerperal causes must state the number of months pregnant and the number of hours after delivery. Deaths from diseases of children must state the number of months of age. Deaths from diseases of the heart must state whether valvular or muscular. Deaths from diseases of the kidneys must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the liver must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the lungs must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the brain must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the spinal cord must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the stomach must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the intestines must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the pancreas must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the spleen must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the bones must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the joints must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the muscles must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the skin must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the eyes must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the ears must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the nose must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the throat must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the mouth must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the teeth must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the hair must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the nails must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the glands must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the blood must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the nervous system must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the circulatory system must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the respiratory system must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the digestive system must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the genito-urinary system must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the endocrine system must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the integumentary system must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the musculoskeletal system must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the nervous system must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the circulatory system must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the respiratory system must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the digestive system must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the genito-urinary system must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the endocrine system must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the integumentary system must state whether acute or chronic, and whether parenchymatous or interstitial. Deaths from diseases of the musculoskeletal system must state whether acute or chronic, and whether parenchymatous or interstitial.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7916

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7916

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 Calvert ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William N. Blake

(Residence in Baltimore: No. 243 Calvert St.; 39 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 16, 1878
(Month) (Day) (Year)

7-AGE, 39 yrs. 8 mos. 11 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Peter Blake

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sydna Wilson.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Blake

(Address) 1925 Kinsman St.

15-

Filed ....., 191.....
Registrar.

B.

CAUSE OF DEATH. This information is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 20, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1917, to Aug 20 1917, that I saw h.. alive on Aug 20 1917, and that death occurred, on the date stated above, at 3.35 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Whitman L. Zorn M. D.

Aug. 22, 1917. (Address) 7 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem.	Aug. 22, 1917.
20-UNDERTAKER	ADDRESS
Samuel Hemsley	378 N. Bridge St

Spec.—8-24-16—M. & T.—2000 Blks.

D 7947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7947

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 E. Lafayette St. 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberta L. Herald

(Residence in Baltimore: No. 320 E. Lafayette St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) S

6-DATE OF BIRTH Nov 22nd, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. ...ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Henry Herold

11-BIRTHPLACE OF RATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Anna Krause

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Herold

(Address) 320 E. Lafayette

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Aug 26, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 20 1917, to August 26 1917, that I saw her alive on August 26 1917, and that death occurred, on the date stated above, at 10 3/4 A.M.

The CAUSE OF DEATH* was as follows:

Acute Pleurisy

(Duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ...yrs. ...mos. 1/2 ds.

(Signed) G. H. Klinge M. D.

Aug 27, 191 7 (Address) 1272 North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Aug 28 191 7

20-UNDERTAKER M. Jno Dyer

ADDRESS 1600 W. Lafayette Ave

CAUSE OF DEATH must be stated plainly and accurately. Use no abbreviations. Do not state mode of dying, but the disease or injury which caused death. Give duration of each. If from violence, state nature of injury and whether accidental, suicidal, or homicidal. If from disease of an organ, state whether it was acute or chronic. If from childbirth, state whether single or multiple, and whether before, during, or after labor. If from accident, state when and where it occurred. If from typhoid fever, state whether any autopsy. If from tuberculosis, state whether any sputum examination. If from cancer, state whether any microscopic examination. If from any contagious disease, state whether reported. Be sure to answer every question. See instructions on back of certificate.

D 7913

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 7913

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1604 W. Lafayette Ave St. 16 WARD)

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ann Elizabeth Ritter

(Residence in Baltimore: No. Ivy Hills City St.; 8 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Widowed

6 DATE OF BIRTH: August 25, 1841 (Month) (Day) (Year)

7 AGE: 75 yrs. 11 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country): Baltimore County Md

PARENTS

10 NAME OF FATHER: Wm. Thomas Hurtt

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth McCubbin

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. H. Ritter

(Address) 1604 W. Lafayette Ave

15 Filed ..... 191 .....

AUG 27 1917 HARRY A. KRAUTER Burial Permit Clerk

B. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 23, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from August 19, 1917, to Aug. 23 1917.
that I saw h[illegible] alive on Aug. 23, 1917.
and that death occurred, on the date stated above, at 1918 m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. M. Stemmon M. D.

Aug 25, 1917. (Address) 1012 W Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Aug 27, 1917

20 UNDERTAKER: M. Jos. Syfer — ADDRESS: 1600 N Monroe ave

N. B.—Every item of information should be carefully supplied, so that it may be properly classified. Exact information is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 7919

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 W Whitridge ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Blatchley.

(Residence in Baltimore: No. 412 W Whitridge ST.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 26 years. ..... yrs. 11 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Wife

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert E. Blatchley.

(Address) 412 Whitridge Ave

15-

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 23rd, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25th 1917, to Aug 23rd 1917, that I saw her alive on Aug 23rd 1917, and that death occurred, on the date stated above, at 2.30 m.

The CAUSE OF DEATH* was as follows:

Mental Degeneration

Chronic Nephritis

..... (Duration) ? yrs. ..... mos. .....

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas McAllen M. D.

Aug 23rd, 191.7. (Address) 2537 Frankford Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Mary Cemetery Govans. DATE OF BURIAL, Aug 25th 191.7

20-UNDERTAKER George J. Routh ADDRESS 1735 Harford Ave.

CAUTION: See instructions on back of certificate. Every question must be answered. Be careful and exact. Every statement important.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7950

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7950

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Daniel Liedner

(Residence in Baltimore: No. 525 N. Curley St St.; 3 yrs., 3 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Infant

6-DATE OF BIRTH, May 22, 1917. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 3 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Daniel M. Liedner

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Elizabeth Rojik

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Rojik

(Address) 525 N. Curley St

15-

AUG 27 1917

ROBERT R. KRAUTER
BURIAL PERMIT CLERK

Filed....., 191.... Registrar.

B.

Cross out words not important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 26, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 21 1917, to Aug. 26 1917, that I saw him alive on Aug. 26 1917, and that death occurred, on the date stated above, at 3:55 a. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-enteritis

(Duration) — yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) M B Levin M. D.

8/26/, 191.7 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 4 ds. In the State — yrs. 3 mos. 4 ds.

Where was disease contracted, if not at place of death? 525 N. Curley St.

Former or usual residence " "

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Levon	Aug 27, 191.7

20-UNDERTAKER	ADDRESS
H. Crack & Son	1116 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

D 7951

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7951

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C 28

CITY OF BALTIMORE: (No. 1724 Druid Hill Ave. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie B. Clark.

(Residence in Baltimore: No. 1724 Druid Hill Ave. St.; 18 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Married

6-DATE OF BIRTH, September (Month) 19 (Day), 1886 (Year)

7-AGE, 30 yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-wife.
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Jacob Tilghman

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Hunt

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nelson Clark, (husband)

(Address) 1724 Druid Hill Ave.

15- ROBERT E. REMLEY

Filed....., 191.... Burial Permit Clerk

Registrar.

CAUTION! See instructions on back of certificate. Important.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 2 1917, to Aug 25 1917, that I saw her alive on Aug 24 1917, and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. 0 mos. 22 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Wm. N. Wright M. D.

Aug 26, 191.7 (Address) 1209 Pratt-man St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ---- yrs. ---- mos. ---- ds. In the State ---- yrs. ---- mos. ---- ds.

Where was disease contracted, if not at place of death?

Former or usual residence ----

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	Aug. 27/17, 191...
20-UNDERTAKER	**ADDRESS**
Stewart & Mowen Comp'y	108W. North Av.

D 7952

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7952

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 928 Bevan st. ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nora May Haynie

(Residence in Baltimore: No. 928 Bevan st. St.; yrs. 5 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: Mch. (Month) 5th (Day), 1917. (Year)

7-AGE: yrs. 5 mos. 28 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto.Md.

PARENTS

10-NAME OF FATHER: William Haynie

11-BIRTHPLACE OF FATHER (State or country): Balto.Md.

12-MAIDEN NAME OF MOTHER: Mary Appel

13-BIRTHPLACE OF MOTHER (State or country): Balto.Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Haynie

(Address) 928 Bevan st.

15-

Filed ....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug. (Month) 25th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1917, to, Aug. 25 1917, that I saw h.er alive on Aug. 24 1917, and that death occurred, on the date stated above, at 11/15 p.m. (P.M.)

The CAUSE OF DEATH* was as follows:

Marasmus.

Intestinal Indigestion

(Duration) yrs 2 mos. ? ds.

Something (SECONDARY) Many Weeks Chronic

(Duration) yrs. mos. ds.

(Signed), ... M. D.

Aug. 26 1917 [Address] 933 Hanover st.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: Aug. 27th 1917

20-UNDERTAKER: E. Schloman & Son ADDRESS 1039 Hanover St.

N. B.—Every question must be answered. In stating CAUSE OF DEATH in plain terms, state the DISEASE CAUSING DEATH. See instructions on back of certificate. TION is very important.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7953

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 7953

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 27 Ward) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Barbar

(Residence in Baltimore: No. 608 Columbia Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female 4-COLOR OR RACE, White 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, [illegible] (Month) ..... (Day) 1 (Year)

7-AGE, ... yrs. 8 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Gus Barbar

11-BIRTHPLACE OF FATHER (State or Country), Greece

12-MAIDEN NAME OF MOTHER Nina Glean

13-BIRTHPLACE OF MOTHER (State or Country), Greece

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Detta

(Address) 608 Columbia ave

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 26, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 23 1917, to Aug 26 1917, that I saw her alive on Aug 26 1917, and that death occurred, on the date stated above, at 9:25 p. m.

The CAUSE OF DEATH* was as follows:

Subacute gastro-enteritis

..... (Duration) ..... yrs. 5 mos. 14 ds.

CONTRIBUTORY (Secondary) Marasmus

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. B. Levine M. D.

8/27/, 191.7 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 608 Columbia Ave

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn DATE OF BURIAL, 8-28-, 191.7.

20-UNDERTAKER Albert Berkeson ADDRESS Calhoun Hollins

important. See instructions on back of

Spec.—5-24-14—M. & T.—2000 Bks.

D 7951

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7951

CERTIFICATE OF DEATH.

REGISTERED No. C 41

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2329 Madison Avenue. St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Bornheim

(Residence in Baltimore: No. 2329 Madison Avenue St.; ....yrs,....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 30, 1854 (Month) (Day) (Year)

7-AGE, 63 yrs. 3 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Moses H. Springer

11-BIRTHPLACE OF FATHER (State or Country), Bravia

12-MAIDEN NAME OF MOTHER Martha Benjiman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Myer Bornheim

(Address) 2329 Madison Avenue.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 25, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to Aug 25 1917, that I saw h-er alive on Aug 24 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

1. Carcinoma of Bowels

2.

Cancer of Colon (Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Obstruction

Clinical (Duration) yrs. 1 mos. ds.

(Signed) J. Schlegman M. D.

Aug 26, 1917. (Address) J. Schlegman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oheb Shalom Cemetery

DATE OF BURIAL, Aug 27, 1917.

20-UNDERTAKER David Sondheim

ADDRESS 118 W. MtRoyl

IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7955

CERTIFICATE OF DEATH.

105 D 7955

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital; ..... WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle May Rebling

(Residence in Baltimore: No. 763 W. Lexington St.; 12 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. Dec. 25th, 1884
(Month) (Day) (Year)

7-AGE. 32 yrs. 7 mos. 29 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. N. P.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Harry Rebling

11-BIRTHPLACE OF FATHER (State or Country) Berlin-Md

12-MAIDEN NAME OF MOTHER Laura King

13-BIRTHPLACE OF MOTHER (State or Country), Berlin-Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H. Rebling

(Address) Hanover Md.

15-

Filed AUG 27 1917 191.....

Burial Permit Clerk

Registrar.

important. See instructions on back of this

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 23, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug-9-1917, to Aug-23 1917, that I saw h[illegible] alive on August 23 1917, and that death occurred, on the date stated above, at 2.25 p m.

The CAUSE OF DEATH* was as follows:

Sepsis from Ulcerative Enteritis

(Duration) ..... yrs. ..... mos. 35 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

8/23, 191.7 (Address) Kennedy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 763 W. Lexington St.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Aug. 27, 191.7

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W Balto St

D 7956

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 604 Sarah Ann ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen O'Brien

(Residence in Baltimore: No. 604 Sarah ann St.; yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Col	Single

6-DATE OF BIRTH, August 10, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 15 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John O'Brien

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Agnes

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John O'Brien

(Address) 604 Sarah Ann

15-

Filed AUG 27 1917, 191.. ROBERT R. KRAUTH Registrar. Burial Permit Clerk

CAUSE OF DEATH in plain terms. Name of disease causing death, not mode of dying, is important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation Colitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Aug 25 1917, 191.. (Address) 2127 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn cemetery	Aug 27, 1917

20-UNDERTAKER	ADDRESS
Joseph A. Farrell	2319 Division

Spec.—8-24-14—M. & T.—2000 Blks.

P7957 D 7957

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 7957

CERTIFICATE OF DEATH.

28 D 7957

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1427 McCulloh ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Irene Mitchell

(Residence in Baltimore: No. 1427 McCulloh St.; In Baltimore all Life ✓ yrs., ✓ mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug (Month) 28 (Day), 1895 (Year)

7-AGE, 21 yrs. 11 mos. 28 ds.

If LESS than 1 day, ✓ hrs. or ✓ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City Md.

PARENTS.

10-NAME OF FATHER, Fillmore Rogers.

11-BIRTHPLACE OF FATHER (State or Country) Harford County Md.

12-MAIDEN NAME OF MOTHER Clara Magness

13-BIRTHPLACE OF MOTHER (State or Country), Harford County Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward G. Mitchell

(Address) 1427 McCulloh St

15-

Filed AUG 27 1917, 191.

ROBERT D. KRAUTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9 1917, to Aug 26 1917, that I saw h er alive on Aug 26 1917, and that death occurred, on the date stated above, at 6 30p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis General

(Duration) ✓ yrs. 6 mos. ✓ ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) ✓ yrs. ✓ mos. ✓ ds.

(Signed) George C. Shannon M. D.

Aug 26 1917. (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Aug 29, 1917

20-UNDERTAKER Burrowes & Son

ADDRESS 1617 Chestnut Ave

important. See instructions on back of

5

Spec.—8-24-14—M. & T.—2000 Bks.

D7958 D-~~2052~~ HEALTH DEPARTMENT—CITY OF BALTIMORE VD7958

CERTIFICATE OF DEATH. 40 D ~~2052~~

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 W. 40 St. St.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephus M. Yingling

(Residence in Baltimore: No. 1016 W. 40 St. St.; 19 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, ... May (Month) 1 (Day), 1846 (Year)

7-AGE, 71 yrs. 3 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, David Yingling

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lydia A. Shaffer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William D. H. Yingling

(Address) 1018 Union Ave.

15-

Filed ....., 191.....

AUG 27 1917 ROBERT E. KRAUTH Burial Permit Clerk

Registrar.

CAUSE OF DEATH. See instructions on back of certificate. important.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug. (Month) 25 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 22 1917, to Aug. 25 1917, that I saw him alive on Aug. 25 1917, and that death occurred, on the date stated above, at 1150 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Vandiveer M. D.

Aug 27 1917 (Address) 844 N. 36th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt. Moriah Cemetery — DATE OF BURIAL, Aug. 28, 1917

20-UNDERTAKER Edmondson & Son — ADDRESS 3617 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7959

CERTIFICATE OF DEATH.

7-D 7959

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Sylvester Campaigne

(Residence in Baltimore: No. 918 So. Carey St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1877 (Year)

7-AGE. 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Foreman

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Campaigne

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Henrietta Warfield

13-BIRTHPLACE OF MOTHER (State or Country), Michigan

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address).....

15- AUG 27 1917 ROBERT B. KRAUTER

Filed....., 191.....

Registrar.

important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 25, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 20 1917, to Aug. 25 1917, that I saw him alive on Aug. 25 1917, and that death occurred, on the date stated above, at 8.35 p.m.

The CAUSE OF DEATH* was as follows:

..... Singultus

.....

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State 40 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Aug. 29..., 1917

20-UNDERTAKER Geo. Lumbard & Son — ADDRESS 647 W. Pratt

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 7960

CERTIFICATE OF DEATH

Registered No. C 64

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1317 Patapsco St. St.; 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edward C. Gontrum

(Residence in Baltimore: No. 1317 Patapsco St. St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Jan 17th (Month) (Day), 1856 (Year)

7 AGE: 61 yrs. 7 mos. 9 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Ice Wagon
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balt

PARENTS

10 NAME OF FATHER: John Gontrum

11 BIRTHPLACE OF FATHER (State or country): Balt Md

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): Balt Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Gontrum
(Address) 1317 Patapsco St

15 Filed AUG 27 1917 191 ROBERT E. KRAUTER Burial Permit ... REGISTRAR

N. B.—Every item of information should be given in plain terms, so that it may be properly understood. In particular, state CAUSE OF DEATH in plain terms, so that it may be properly coded. Every item on back of certificate is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August 16 (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from August 16, 1917, to August 16 1917, that I saw h-im alive on August 16, 1917, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) 2 yrs. ... mos. ... ds.

(Signed) C. A. Blackstein M. D.

August 27, 1917 (Address) 1518 St Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem't — DATE OF BURIAL: Aug 28, 1917

20 UNDERTAKER: Geo Lumsden & Sons — ADDRESS: 677 W. Lan.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7961 **CERTIFICATE OF DEATH.** 104 D 7961

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1707 N Bruce ST.; 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Rucker

(Residence in Baltimore: No. 1707 N. Bruce St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, ... July (Month) 21 (Day), 1917 (Year).

7-AGE, ... yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Rucker

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Laura Rucker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Rucker

(Address) 1707 N Bruce

15- Filed AUG 27 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

CAUSE OF DEATH must be stated plainly and accurately. Use no abbreviations or terms not understood generally. Indefinite terms, such as "Disease of the heart," "Tumor," "Abscess," "Child-bed," "Fever," "Old age," "Dropsy," "Cancer," "Consumption," "Convulsions," "Debility," "Paralysis," "Premature birth," "Stillborn," "Suffocation," "Teething," "Ulcer," "Unknown," "Want," "Worms," are not sufficient. Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug. (Month) 23 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cholera Infantum

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(Duration) yrs. mos. ds.

(Signed) M. D.

(Coroner) Aug 24 1917 (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 19....

20-UNDERTAKER | ADDRESS

AUG 27 1917 Health Commissioner

D 7962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 7962

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1929 Aliceanna ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Zavada

(Residence in Baltimore: No. 1929 Alice Anna St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Aug 26, 1917
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.
If LESS than 1 day, 1 hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work....
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE. (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Vincent Zavada

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Fozefa Rybwacka

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Zavada

(Address) 1929 Alice Anna

15- ROBERT R. KRAUTER

Filed AUG 27 1917, 191.... Registrar. Clerk.

CAUSE OF DEATH to print in plain letters. It is important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stomach Hemorrhage
(Primary)
(Duration)....yrs....mos....ds.
CONTRIBUTORY (Secondary)
(Duration)....yrs....mos....ds.

(Signed) J. Edward Smith M. D.
(Coroner)
8-27-17, 191.. (Address) 910 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?....
Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Aug 27, 1917

20-UNDERTAKER Jacob Frankowski — ADDRESS 4235 Bond St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

126 D 7963

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Parker

(Residence in Baltimore: No. 107 S. Caroline St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Black	married

6-DATE OF BIRTH, Mar. 4, 1844 (Month) (Day) (Year)

7-AGE, 73 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

73

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), —

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Sibley

(Address) Johns Hopkins Hosp

15- Filed AUG 27 1917, 191.... ROBERT E. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 29 1917, to Aug 27 1917, that I saw him alive on Aug 27 1917, and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Prostatic hypertrophy

(Duration) 5 yrs. ....mos. ....ds.

(Signed) Edm. L. Dana M. D.

Aug. 27, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 28 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 107 S. Caroline St.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Aug. 30, 1917

20-UNDERTAKER Chas. G. Wagner — ADDRESS Jefferson Rd

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7964

CERTIFICATE OF DEATH.

79 D 7964

REGISTERED NO. C

1-PLACE OF DEATH,
CITY OF BALTIMORE: (No. 920 W Fratt St. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Sullivan

(Residence in Baltimore: No. 920 W Fratt St. St.; 34 yrs., 3 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. May 15 (Month), 1883 (Day) (Year)

7-AGE. 34 yrs. 3 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer). Work

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. James T Kelly

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER. Alice M. Fyfe

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. James T Kelly

(Address) 920 W Fratt St

15- AUG 27 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 26 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1917, to Aug 26 1917, that I saw h[er] alive on Aug 25 1917, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas Norton M. D.

Aug 27 191. (Address) 838 W. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem — DATE OF BURIAL, Aug 27, 191.7

20-UNDERTAKER John J Cowan Son — ADDRESS 901 Hollins St

Important. See instructions on back of certificate

D 7965

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

96 D 7965

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 724 W Franklin ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edward Jones

(Residence in Baltimore: No. 724 W. Franklin St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Mar 10, 1886 (Month) (Day) (Year)

7 AGE: 31 yrs. 5 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: boot-black
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Suffolk Va

PARENTS

10 NAME OF FATHER: Rev C W Jones

11 BIRTHPLACE OF FATHER (State or country): Suffolk Va.

12 MAIDEN NAME OF MOTHER: Mary - -

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C W Jones.

(Address) 724 W Franklin St

15 Filed ..... 191.....

ROBERT B. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug 23, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1917, to Aug 23 1917, that I saw him alive on Aug 22, 1917, and that death occurred, on the date stated above, at 5 A. m.
The CAUSE OF DEATH* was as follows:

Bronchial Asthma

Not Tubercular (Duration) 0 yrs. 2 mos. - ds

Contributory (SECONDARY) Hemorrhage from Lungs (Duration) 0 yrs. 0 mos. 6 ds.

(Signed) R B Tennyson M. D.

Aug 23, 1917 (Address) 422 N Greene

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Aug 27, 1917

20 UNDERTAKER: J J Curran & Son — ADDRESS: 401 Collins Ave

N. B.—Every item of the information called for should be given, so that it may be properly entered on the certificate. State CAUSE OF DEATH in plain terms, so that it may be readily understood. The date of burial is very important. See instructions on back of certificate.

D 7966

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

20 D 7966
REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1332 Glyndon Ave ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magretta Schnier

(Residence in Baltimore: No. 1332 Glyndon Ave. St.: 3 yrs. 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: September (Month) 18 (Day), 1883 (Year)

7-AGE: 33 yrs. 11 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Hungary. Europe.

PARENTS

10-NAME OF FATHER: Andreas Domjanov

11-BIRTHPLACE OF FATHER (State or country): Hungary. Europe

12-MAIDEN NAME OF MOTHER: Anna Dorkov

13-BIRTHPLACE OF MOTHER (State or country): Hungary. Europe.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Luedwig Schnier

(Address) 1332 Glyndow Ave.

15. Filed AUG 27 1917 19.. ROBERT R. KRAUTER Burial Permi REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August (Month) 27 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 17, 1917, to. August 26 1917, that I saw her alive on August 26, 1917, and that death occurred, on the date stated above, at 5 a m.
The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis.

(Duration) ..... yrs. 3 mos. — ds

Contributory (SECONDARY) Chronic Valvular Affection

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed), Frederick G. Kramer. M. D.

August 27, 1917 (Address) 112 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Aug 28th 1917

20-UNDERTAKER: John J. Fields ADDRESS: 1200 W. Fayette

N. B.-Every item of information should be carefully supplied. Exact statements of ... may be properly classified. Exact statement of ... state CAUSE OF DEATH in plain terms, so that it may be ... is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7967

CERTIFICATE OF DEATH.

79 D 7967

1-PLACE OF DEATH

CITY OF BALTIMORE (No. [illegible] W Lanvale & Mary Railroad ST.; 18 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME [illegible] (Leopold Lankau

(Residence in Baltimore: No. 1019 N. Lamb[illegible] Lankau St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. 16, 1872
(Month) (Day) (Year)

7-AGE, 44 yrs. 9 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

000

9-BIRTHPLACE, (State or Country), Baltimore,

PARENTS.

10-NAME OF FATHER, Leopold Lankau

11-BIRTHPLACE OF FATHER (State or Country), Maryland,

12-MAIDEN NAME OF MOTHER, Elizabeth Bowman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1019 N. Lamb[illegible]

15-

Filed AUG 27 1917, 191.....

ROBERT B. KRAUTER
Registrar.

CAUSE OF DEATH must be stated in every case. Items are important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 25, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) did that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

By Suicide by Hanging

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
(Coroner.)

Aug. 26, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western	Aug 28th, 1917
20-UNDERTAKER	ADDRESS
John J. Fields	1300 N. Lamb[illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

D 7968

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7968

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 W. Hoffman ST.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie L. Feldmann

(Residence in Baltimore: No. 516 W. Hoffman St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) mrd

6-DATE OF BIRTH, Dont Know ....., 1..... (Month) (Day) (Year)

7-AGE, 47 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home Work
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Reisterstown Md

PARENTS.

10-NAME OF FATHER, William Jackson

11-BIRTHPLACE OF FATHER (State or Country). R Md

12-MAIDEN NAME OF MOTHER Elyzie Munor

13-BIRTHPLACE OF MOTHER (State or Country). R Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Feldmann

(Address) 516 W. Hoffman st

15-

Filed....., 191.....

Registrar.

important. See instruction on back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 26, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1917, to 24 Aug 1917, that I saw h[illegible] alive on 24 aug 1917, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Probable Malignant Carcinomatous growth of the mesentery

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion etc Some time

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward Field Bond M. D.

8/28/ 191.7 (Address) 430 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mont Auburn

DATE OF BURIAL, Aug 29, 1917.

20-UNDERTAKER John H Owens

ADDRESS 535 Park

Spec.—8-24-14—M. & T.—2000 Bks.

D 7969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 7969

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 N. Fremont St. 16th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa A. Gormley.

(Residence in Baltimore: No. 634 N. Fremont St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. (Month) 13 (Day), 1851 (Year)

7-AGE, 65 yrs. 8 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Gormley.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Ann Goodrich

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. L. Sutherland

(Address) 634 N. Fremont Ave.

15-

Filed....., 191.....

ROBERT R. KRAUTER
AUG 27 1917
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 26. (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12.20 P.M. Aug 26 1917, to 1 P.M. Aug 26 1917, that I saw her alive on Aug 26 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Cerebral Hemorrhage

(Duration).....yrs.....mos. 12 hours

CONTRIBUTORY (Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) Lewis McHenry Jr. M. D.

Aug 27, 1917 (Address) 1505 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cem. | DATE OF BURIAL, Aug 28, 1917.

20-UNDERTAKER Frank A. Fink | ADDRESS 715 N. Gay St.

Important. See instructions on back.

Spec.—5-19-13—M. & T.—500 Bks.

D 7970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 7970

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 Brookfield Ave. ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Harriet A. Brown.

(Residence in Baltimore: No. 2110 Bloomfield Ave. St.; ....yrs,.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 3 (Day), 1838 (Year)

7-AGE, 79 yrs. 3 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jane Wilson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rebecca Lee

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H. Stobel

(Address) 2110 Brookfield Ave

15-

Filed AUG 27 1917 191.....

ROBERT P. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 26 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 23 1917, to Aug 26 1917, that I saw her alive on Aug 23 1917, and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Mitral Regurgitation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm B. Freeman M. D.

Aug 26, 1917. (Address) 412 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Washington D C — DATE OF BURIAL, Aug 28. 1917

20-UNDERTAKER John C. Mitchell — ADDRESS 201 N. Fayette

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 7971

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Skinner

(Residence in Baltimore: No. 1336 Division St — St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Aug (Month) 9 (Day), 1917 (Year)

7-AGE, — yrs. 1 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jos Skinner

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Hahn Caulk

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos D Skinner

(Address) 1336 Division St

15-

Filed AUG 27 1917 191.....

ROBERT P. KRAUTER
Burial Permit Clerk
Registrar.

important. See instructions on

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 25 1917, to Aug 27 1917, that I saw h[illegible] alive on Aug 027 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

..... (Duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (Secondary) 7 1/2 months baby

..... (Duration) ..... yrs. ..... mos. ##

(Signed) Samuel A. Davis M. D.

Aug 29 191.7 (Address) 937 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount DATE OF BURIAL, Aug 29 191.7

20-UNDERTAKER Frenhall ADDRESS 1741 Druid Hill Ave

Spec.—5-19-13—M. & T.—500 Bks.

D 7972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 7972

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 S Strickes ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellsworth H. Meyer

(Residence in Baltimore: No. 216 S Stricker St.; ....yrs., 9 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH, ... Nov ..... (Month) 5 (Day), 1916 (Year)

7-AGE, ...yrs. 9 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Naval

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John R. Meyer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Jane H Selvion

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jane H Meyer

(Address) 216 S Stricker St.

15- AUG 27 1917 7

Filed ..... 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit Issued

Important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 27 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 20 1917, to Aug 26 1917, that I saw h.r. alive on Aug 26 1917, and that death occurred, on the date stated above, at 1020 a m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

..... (Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

..... (Duration) ....yrs. ....mos. 2 ds.

(Signed) Ilea H Wedeen M. D.

Aug 27, 1917. (Address) 3 E S Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Westview

DATE OF BURIAL, Aug 29, 191..

20-UNDERTAKER Joseph J Cook

ADDRESS 1003 Wash St

D 7973

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7973

CERTIFICATE OF DEATH.

104

(PLACE OF DEATH

CITY OF BALTIMORE (No. 514 S Dunbar ST.: 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wanda Rutkowicz

(Residence in Baltimore: No. 514 S. Dunbar St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, July (Month) 6 (Day), 1917 (Year)

7-AGE, ...yrs. 6 mos. 20 da. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Alexander Rutkowicz

11-BIRTHPLACE OF FATHER (State or Country), Russia, Poland

12-MAIDEN NAME OF MOTHER, Annie Kolenszky.

13-BIRTHPLACE OF MOTHER (State or Country), Russia, Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alex. Rutkowicz

(Address) 514 S Dunbar St

15- Filed AUG 28 1917 191.... ROBERT E. KRAUTER DEPUTY REGISTRAR Registrar.

CAUSE OF DEATH. Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ....yrs. ....mos. 1 da.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....da.

(Signed) F. Edward Duncan M. D. (Coroner)

Aug 27, 1917. (Address) 710 Eighth St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus	Aug 28, 1917
20-UNDERTAKER, W. F. Sadowski	ADDRESS 705 Aisquith

Spec.—8-21-14—M. & T.—2090 Blks.

D 7971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 N Payson ST.: 15 WARD)

REGISTERED No. C 104 D 7971

2-FULL NAME Paul. Shaffer

(Residence in Baltimore: No. 2003 N Payson St.:

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 26 (Month) ..... (Day) 1 (Year)

7-AGE, ... yrs. 6 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dora Schafer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Schaffer

(Address) 502 E Northern Ave

15- AUG 28 1917 Filed ....., 191. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1917, to Aug 26 1917, that I saw h[illegible] alive on Aug 26 1917, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cyanosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm. A Bryant M. D.

Aug 27, 191.7 (Address) 1128 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Schwartz Cem't DATE OF BURIAL, Aug 28, 1917

20-UNDERTAKER Wm. Cook ADDRESS 502 E Northern

important. See instructions on back

Spec.—8-24-14—M. & T.—2000 Blks.

D 7975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 7975

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 N. Robinson St.; 6th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elijah O. Hale

(Residence in Baltimore: No. 310 N. Robinson St.; ....yrs., 8 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, OR DIVORCED~~ WIDOWED, (Write the word.) Widower

6-DATE OF BIRTH, May 2, 1844 (Month) (Day) (Year)

7-AGE, 73 yrs. 5 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Hale

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martha Boosom

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Scott Hale

(Address) 130 N. Robinson St.

15- AUG 28 1917 Filed....., 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 26, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 1 1917, to Aug 26 1917, that I saw h me alive on Aug 26 1917, and that death occurred, on the date stated above, at 8 2 m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ....yrs. 1 mos. ....ds.

(Signed) B. McCally M. D.

Aug 27 191.7 (Address) 100 N. Linwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? X

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel

DATE OF BURIAL, Aug 29 191.7

20-UNDERTAKER Chenoweth & Son

ADDRESS 361 [illegible]

important. See instructions on back

Spec.—5-19-13—M. & T.—500 Bks.

D 7976

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7976

CERTIFICATE OF DEATH.

REGISTERED No. C 1579

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Forest Park Allendale Rd ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Mortimer Conant

(Residence in Baltimore: No. 2801 Allendale St or Rd St.; ....yrs.,.... mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Mch 27, 1851
(Month) (Day) (Year)

7-AGE, 66 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Minister
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York.

PARENTS.

10-NAME OF FATHER, C. B. Conant

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Elizabeth Cyres.

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. M. Conant

(Address) 2801 Allendale Rd.

15- AUG 28 1917 ROBERT R. KRAUTER

Filed ..... 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 11 1917, to Aug 25 1917, that I saw him alive on Aug 25 1917, and that death occurred, on the date stated above, at 1.40 A m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(Duration) yrs. 3 mos. 1st ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Ernest H Kalm M. D.

8/26, 191.7 (Address) Wordlawn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Aug 28, 1917

20-UNDERTAKER E L Stiffler — ADDRESS 844 W. 36th st

Important. See instructions.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7977 HEALTH DEPARTMENT—CITY OF BALTIMORE 104 D 7977

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 Mura ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothea Laabs

(Residence in Baltimore: No. 2023 Mura St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, September 14, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Laab

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Odellia Riggin

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Laab

(Address) 2023 Mura st.

15- AUG 28 1917 ROBERT R. KRAUTER
Filed....., 191.. Registrar.
BURIAL PERMIT.

Important. Use Indelible Pencil.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 13 1917, to August 27 1917, that I saw h[illegible] alive on August 26 1917, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) ....yrs. .... mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. .... mos. 2 ds.

(Signed) R. R. Krauter M. D.

Aug 27, 191.. (Address) 1600 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Louden Park Cemetery DATE OF BURIAL, August 28, 1917.

20-UNDERTAKER Christian Miller ADDRESS 2334 Jefferson st

Spec.—8-24-14—M. & T.—2000 Bks.

D 7978

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 7978

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 E. N. Ward St.; Druid Hill ave 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Hawkins

(Residence in Baltimore: No. 1303 E. N. Ward St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, ... (Month) 1861 (Day) 1 (Year)

7-AGE, 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Daniel Walker

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Nelson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Tunnel

(Address) 1303 E. N. Ward St.

15-

AUG 28 1917 Filed ....., 191.....

ROBERT R. KRAUTER Buying Permit Clerk. Registrar.

important. See instruction sheet.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 26th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7th 191 , to Aug 25th 191 7, that I saw h[er] alive on August 25th 191 7, and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Due Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Lee Ellis M. D.

Aug 27, 1917 (Address) Hyattsville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 29 1917

20-UNDERTAKER John H. Owens — ADDRESS 538 Dolphin

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7979

CERTIFICATE OF DEATH.

151 D 7979

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Laurens ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Alexander & Anna Brooker

(Residence in Baltimore: No. 1503 Laurens St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col.	Single

6-DATE OF BIRTH, Aug 26, 1917
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), 1503 Laurens St

PARENTS.

10-NAME OF FATHER, Alexander Brooker.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Anna P. Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna P. Jackson per word

(Address) 1503 Laurens St.

15-

Filed AUG 28 1917, 191..

ROBERT R. KRAUTZ
Clerk Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1917, to Aug 26 1917, that I saw h.. alive on Aug 26 1917, and that death occurred, on the date stated above, at 16.30 p m.

The CAUSE OF DEATH* was as follows:

Premature Birth 6 mos.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) ....yrs. 6 mos. ....ds.

(Signed) Wm. F. Wright M. D.

Aug 27, 191 7 (Address) 1209 Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, Aug 27, 1917

20-UNDERTAKER Edward Ringgold

ADDRESS 1463 Aisquith

Important. Use ink.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7980

CERTIFICATE OF DEATH.

14 104 D 7980

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 Brunt- ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha White

(Residence in Baltimore: No. 1716 Brunt- St.; ....yrs., 2 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 6 (Day), 1917 (Year)

7-AGE, ...yrs. 2 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Calip White

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lina White

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lina White

(Address) 1716 Brunt St.

15-

Filed AUG 28 1917, 19.. ROBERT R. KRAUTER Registrar of Births Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 26 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 24 1917, to Aug 25 1917, that I saw her alive on Aug 25 1917, and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. E. Daugherty M. D.

....., 191... (Address) 1602 Pacific Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, Aug 27, 1917

20-UNDERTAKER Edward Ringgold — ADDRESS 1463 N Carey

Important. Read instructions carefully before filling out.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7981

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7981

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Argyle Ave ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert H. Campbell

(Residence in Baltimore: No. 1421 Argyle Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Widower

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
74 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Porter

9-BIRTHPLACE, (State or Country), Finch Burg Va

PARENTS.

10-NAME OF FATHER, Joseph Campbell

11-BIRTHPLACE OF FATHER (State or Country), Finch Burg Va

12-MAIDEN NAME OF MOTHER Mabbdia Campbell

13-BIRTHPLACE OF MOTHER (State or Country) Finch Burg Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Campbell

(Address) 1421 Argyle Ave

15-

Filed DEC 28 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 25, 191.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 191.., to Aug 24 191.., that I saw h.. alive on Aug 24 191.., and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis (Duration) .. yrs. .. mos. .. ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .. yrs. .. mos. .. ds.

(Signed) H. Richardson M. D.

Aug 28, 191.. (Address) 1421 Argyle Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetary	Aug 28, 191..

20-UNDERTAKER	ADDRESS
Mrs R A Elliott	506 East Pr

important. See instructions on back of

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7982 D 7982

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2802 Fox ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeremiah B. Foote

(Residence in Baltimore: No. 2802 Fox st St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, January 20, 1857 (Month) (Day) (Year)

7-AGE, 60 yrs. approximately mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): —

3

9-BIRTHPLACE, (State or Country) Cockeysville, Md.

PARENTS.

10-NAME OF FATHER, B. Foote

11-BIRTHPLACE OF FATHER (State or Country), Cockeysville, Md.

12-MAIDEN NAME OF MOTHER Elizabeth Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Elizabeth J. Foote

(Address) 2802 N. Fox St

15-

Filed AUG 28 1917 191 ROBERT A. KRAUSE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 26th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9th 1917, to August 22nd 1917, that I saw h im alive on August 22nd 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis
and Aortic regurgitation
(Valvular disease of Heart)

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Epilepsy

(Duration) yrs. 15 mos. ds.

(Signed) Chas A Wood M. D.

August 29, 1917. (Address) U. St Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bayview Cemetery Cockeysville — DATE OF BURIAL, Aug 28, 1917

20-UNDERTAKER E M Cook — ADDRESS 501 E North Ave

4

important. See instructions

D 7983

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7983

CERTIFICATE OF DEATH.

169

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pier #2 Locust Point. ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Boddie.(C)

(Residence in Baltimore: No. 803 McDonogh St. St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	Colored	Married.

6-DATE OF BIRTH, February 22nd. 1889. (Month) (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
28 yrs. 6 mos. 3 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedore.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), North Carolina.

PARENTS.

10-NAME OF FATHER, Thomas H.Boddie.(C)

11-BIRTHPLACE OF FATHER (State or Country) North Carolina.

12-MAIDEN NAME OF MOTHER Annie._____(C)

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Louise Boddie.(C) wife.
(Address) 803 McDonogh St.

15-
Filed AUG 28 1917, 191.....
ROBERT B. KRAUTER
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 25th. 1917. (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) (Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

Aug. 27, 1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, North Carolina — DATE OF BURIAL, Aug 28 1917.

20-UNDERTAKER P C Gross — ADDRESS 1405 McElderry St

CAUSE OF DEATH must be stated plainly. See instructions on back of certificate.

504

B

Spec.—6-19-13—M. & T.—500 Blks.

D 7984 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7984

91

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Richardson ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Farmer.

(Residence in Baltimore: No. 1329 Richardson St.; ....yrs., 8 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... Nov. (Month) 28, (Day) 1916 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 8 mos. 29 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John A. Farmer.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Ellen V. Constance

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... John A. Farmer.

(Address)..... 1329 Richardson

15- AUG 28 1917 Filed....., 191.... ROBERT F. KRAUTER Burial Permit Clerk. B. Registrar.

CAUSE OF DEATH. See instructions on back of certificate. important.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug. (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 26 1917, to Aug. 27 1917, that I saw h.m alive on Aug. 27 1917, and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

.....

.....

..... (Duration).....yrs.....mos. 4 ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) E. E. Eastburn M. D.

Aug. 27, 1917. (Address) 621 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cem. aa.	aug. 28, 1917.
20-UNDERTAKER M. J. Flynn	ADDRESS 1421 Light St.

Spec.—8-24-14—M. & T.—2000 lbs.

D 7985

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 51 D 7985

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2323 Frederick Ave ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard A. Bonsall

(Residence in Baltimore: No. 2323 Frederick Ave St.; ....yrs., 11 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, September (Month) 6 (Day) 1916 (Year)

7-AGE, ...yrs. 11 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles E Bonsall Jr

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Francis Batz

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas A. Bonsall

(Address) 2323 Frederick Ave

15-

Filed AUG 28 1917, 191.....

ROBERT B. KRAUTER

Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 26 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14 1917, to Aug 26 1917, that I saw h-- alive on Aug 26 1917, and that death occurred, on the date stated above, at 12, Noon

The CAUSE OF DEATH* was as follows:

.....Myocarditis

.....Malnutrition

..... (Duration) ....yrs. 11 mos. 20 ds.

CONTRIBUTORY (Secondary)..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Robert C. Mitchell M. D.

Aug 28, 1917. (Address) 2249 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Aug 28, 1917

20-UNDERTAKER Geo L Schwab & Bro

ADDRESS 2101 Eutaw Ave

Important: Be sure to answer all questions.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7986 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7986

28

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Bank ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph M. Miller

(Residence in Baltimore: No. 1511 Bank St.; 1 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 29, 1876 (Month) (Day) (Year)

7-AGE, 40 yrs. 10 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Painter

28

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry W. Miller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia D. Seibright

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia D. Miller

(Address) 1511 Bank St

15-

AUG 28 1917 ROBERT E. KRAFFT

Filed....., 191..... Registrar.

B

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 26, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 191 , to time of death 191 , that I saw him alive on Aug 26 191 7, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

Fatal

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) A. F. Ries M. D.

Aug 27, 1917. (Address) 24 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt Carmel — DATE OF BURIAL, Aug 29 1917.

20-UNDERTAKER H. Sanders & Son — ADDRESS 1110 E. Fait St

Important. Use Indelible Pencil.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7987 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7987

CERTIFICATE OF DEATH.

REGISTERED NO. C 9 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 Harford ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary B. Rogers

(Residence in Baltimore: No. 1632 Harford ave St.; 52 yrs., 3 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May 15, 1865.
(Month) (Day) (Year)

7-AGE, 52 yrs. 3 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm E Brenly

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Emeline Burley

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm C Rogers

(Address) 1632 Harford ave

15- AUG 28 1917 ROBERT R. KRAUTER Burial Permit Clerk

Filed ..... 191.... J. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 27, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 27 1917, to Aug 27 1917, that I saw her alive on Aug 27 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(Duration) ....yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) ....yrs. 1 mos. — ds.

(Signed) William Mason M. D.

Aug 27 1917 (Address) 1402 N May St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Aug 29th, 1917.
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1128 E Monument St

D 7988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 7988

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 927 Aldmon ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Hall.

(Residence in Baltimore: No. 927 Aldmon St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col'd	Widow

6-DATE OF BIRTH, ... June 20, 1855
(Month) (Day) (Year)

7-AGE, 61 yrs. 1 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private

9-BIRTHPLACE, (State or Country), D. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Charlotte Clark

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... E. M. Hall

(Address)..... 927 Aldmon

15-

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug. 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.)
.....find that said deceased came to.....death on the day stated above.
The CAUSE OF DEATH* was as follows:
Chronic Valvular Disease of Heart
Contributory Cirrhosis of Liver
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed)..... H. Wellington M. D.
(Coroner.)
(Address) 814 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lane's Cemetery	Aug. 29 19.17
20-UNDERTAKER John A. Bishop	ADDRESS 1107 Division Ave

AUG 28 1917
ROBERT B. KRAUSE
REGISTRAR OF VITAL STATISTICS

Important. See instructions on back of

Spec.—8-24-14—M. & T.—2000 Blks.

D 7989 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7989

CERTIFICATE OF DEATH. 15

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Brunt ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant J Harry & Mrs Moody

(Residence in Baltimore: No. 1429 Brunt St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 27th, 1917 (Month) (Day) (Year)

7-AGE, ... yrs. ... mos. ... ds. If LESS than 1 day, 6 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), 1429 Brunt St

PARENTS.

10-NAME OF FATHER, Harry Moody

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jean Robinson

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Moody

(Address) 1429 Brunt St.

15- AUG 28 1917 ROBERT E. KRAUTER

Filed ....., 191... Registrar.

B.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Aug. 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 27th 191 7, to Aug. 27 191 7, that I saw h— alive on Aug 27th 191 7, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Asphyxia Strangulation due to Prolapsed Cord

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY ..... (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. Lee Ehr M. D.

8/27, 191 7 (Address) 727 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Aug 29, 191 7

20-UNDERTAKER John A. Bishop

ADDRESS 110 N Howard

Spec.—8-24-14—M. & T.—2000 Bks.

D 7990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

D 7990

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 S. Streeper ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Tribull

(Residence in Baltimore: No. 1017 S. Streeper St. St.; 44 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White.	Single.

6-DATE OF BIRTH, March (Month) 10th (Day), 1917 (Year)

7-AGE, ... yrs. 5 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore city.

PARENTS.

10-NAME OF FATHER, Herman Tribull

11-BIRTHPLACE OF FATHER (State or Country). Baltimore city.

12-MAIDEN NAME OF MOTHER Elizabeth Prasch

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore city.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Tribull

(Address) 1017 S. Streeper St.

15-

Filed AUG 28 1917, 191.....

Registrar.

Important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 27th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 191 7, to Aug 27 191 7, that I saw him alive on Aug 26 191 7 and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

.....

Cerebritis

..... (Duration) ..... yrs. ..... mos. 1 day. ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Aug 27 191 7 (Address) 839 S. Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cem.	Aug. 28th, 1917

20-UNDERTAKER	ADDRESS
Lilly & Julia	403 S. Wolfe St.

Burial Permit Clerk

D 7901 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7901

CERTIFICATE OF DEATH.

+175

1-PLACE OF DEATH

CITY OF BALTIMORE (No. John Hopkins Hospital St. 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Madeline Doran

(Residence in Baltimore: No. 3325 Myrtle Place St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Aug. 10th, 1906
(Month) (Day) (Year)

7-AGE, 11 yrs. mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, W. Doran

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Madeline Heir

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Doran

(Address) 3325 Myrtle Pl.

15-

AUG 28 1917

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, ~~autopsy or inquiry~~) thereon and from the evidence obtained by said (Inquest, autopsy of ~~inquiry~~) Inquest find that said deceased came to. Aug. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull,

Struck by Automobile

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. J. Peter M. D.
(Coroner.)

Aug 27, 1917 (Address) 16 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Peleo	Aug 27, 1917
20-UNDERTAKER John A Moran & Son Inc	ADDRESS Balto

IMPORTANT. See instructions on back of certificate.

D 7992

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7992

1 PLACE OF DEATH

Registered No. C .....

CITY OF BALTIMORE (No. 2014 Fleet St. 2 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frank Stein Jr

(Residence in Baltimore: No. 2014 Fleet, St.: yrs. 6 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: Jan 28", 1917 (Month) (Day) (Year)

7 AGE: yrs. 6 mos. 30 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): ~~Baltimore~~ Mississippi

PARENTS

10 NAME OF FATHER: Frank Stein Sr

11 BIRTHPLACE OF FATHER (State or country): Balto. -

12 MAIDEN NAME OF MOTHER: Frony Mizkewicz

13 BIRTHPLACE OF MOTHER (State or country): Poland. -

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Stein

(Address) 2141 Fleet St

15. Filed AUG 28 1917, 191 ROBERT B. KNOTT Burial Permit Clerk

B. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug 27, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 24", 191 7. to. Aug 27", 191 7. that I saw h— alive on Aug 27", 191 7. and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) \ yrs. \ mos. 11 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Elizabeth Rhentam M. D.

Aug 27. 1917 (Address) 2129 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Rosary | DATE OF BURIAL: Aug 28, 1917

20 UNDERTAKER: Jacob Fialkowitz | ADDRESS: 421 S Bond

State CAUSE OF DEATH in plain terms. ... is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 7993

HEALTH DEPARTMENT—CITY OF BALTIMORE

4

104 D 7993

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 9 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Nagel

(Residence in Baltimore: No. 2701 Greenmount Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Sing

6-DATE OF BIRTH, August 7th, 1717
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Wm Nagel

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Dora Thornton

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp

15- ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

3.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 1917, to Aug 27 1917, that I saw h[er] alive on Aug 27 1917, and that death occurred, on the date stated above, at 4.26 p. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Intestinal Indigestion

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Septicaemia (Duration) ....yrs. ....mos. 5 ds.

(Signed) Margaret Tyler M. D.

Aug 28 1917. (Address) John Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 2701 Greenmount Ave.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Lorraine Cem.	Aug. 28, 1917.

20-UNDERTAKER Leo. G. Cook ADDRESS North & Hanford Aves.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7994 HEALTH DEPARTMENT—CITY OF BALTIMORE 172 D 7994

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Roslyn Ave St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C. Wellener

(Residence in Baltimore: No. 2607 Roslyn Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May Third, 1854
(Month) (Day) (Year)

7-AGE, 63 yrs. 9 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer): Employer

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John B. Wellener

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Susan M. Albright

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. H. Wellener

(Address) 2706 Roslyn Ave.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 27, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23 1917, to Aug 27 1917, that I saw him alive on Aug 27 1917, and that death occurred, on the date stated above, at 5.40 P.M.

The CAUSE OF DEATH* was as follows:

Fracture right femur (left).

Accident - fall at his home on cellar steps.

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY. Lobar Nephritis and
(Secondary)
Myocardial Degen (Duration) From 6 to 8 yrs.

(Signed) W. H. Warner M. D.

Aug. 27 1917. (Address) 2607 Garrison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	Aug. 29 1917.
20-UNDERTAKER	**ADDRESS**
John B. Spence	1325 N. Carolina St

17
24
88

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7905 CERTIFICATE OF DEATH. 64 D 7905

REGISTERED No. C

PLACE OF DEATH
CITY OF BALTIMORE (No. 522) 522 Walnut ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Frank Jackson
(Residence in Baltimore: No. 522) 522 Walnut

St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1888 (Year)

7-AGE, 29 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

43

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John [illegible]

(Address) Virginia Hotel

15- AUG 28 1917 522 Walnut St

Filed....., 191.....

Registrar..

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia
Acid Poisoning

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Contributory
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
(Coroner.)

Aug. 28, 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

Important. See instructions on back of certificate.

Burial Permit [illegible] Commissioner of Health

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 7996

CERTIFICATE OF DEATH.

91 D 7996

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Goyer

(Residence in Baltimore: No. St. Elizabeth's Home St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... Not known ..... (Month) ..... (Day) ..... (Year)

7-AGE, "Infant" ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... " .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER " "

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Asst. Supt. Mercy Hosp

(Address) Calvert St

15-

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 25, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 14 1917, to Aug 25 1917, that I saw h.m alive on Aug 25 1917, and that death occurred, on the date stated above, 6.00 P. m.

The CAUSE OF DEATH* was as follows:

Primary Broncho-Pneumonia

..... (Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward D. Smith M. D.

Aug 26 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? St. Eliz. Home

Former or usual residence St. Eliz. Home

19-PLACE OF BURIAL OR REMOVAL, ROBERT E. KRAUTER PUBLIC CEMETERY. | DATE OF BURIAL, AUG 28 1917, 191...

20-UNDERTAKER | ADDRESS

Important. See instructions on back.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 7907 — PLACE OF DEATH

CERTIFICATE OF DEATH

15 — D 7907 — REGISTERED No. C .....

CITY OF BALTIMORE (No. 614 Raborg ST. ... WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Linda Hunner

(Residence in Baltimore: No. 614 Raborg Life St.: ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word):

6-DATE OF BIRTH: Aug (Month) 7 (Day), 1917 (Year)

7-AGE: ... yrs. ... mos. 20 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Samuel Hunner

11-BIRTHPLACE OF FATHER (State or country): Georgia

12-MAIDEN NAME OF MOTHER: Alma Smith

13-BIRTHPLACE OF MOTHER (State or country): Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Hunner

(Address) 614 Raborg St

15- ROBERT R. KRAUTER

Filed AUG 28 1917 191 ... Burial Permit Issued ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7, 1917, to Aug 27 1917, that I saw h-er alive on Aug 26, 1917, and that death occurred, on the date stated above, at 10 A. m. The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Insanity

(Duration) ... yrs. ... mos. 20 ds.

(Signed) Harry Glassman M. D.

Aug 27, 1917 (Address) 2687 Druid Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL AUG 28 1917 Commissioner Health.

State CAUSE OF DEATH in plain terms so that it can be understood by the public. Do not use abbreviations. Be sure to answer every question. Write plainly with pen and ink. Do not fail to sign certificate. It is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 7908 HEALTH DEPARTMENT—CITY OF BALTIMORE D 7908

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Schneider

(Residence in Baltimore: No. 3511 Falls Road St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 15, 1916. (Month) (Day) (Year)

7-AGE, 0 yrs. 8 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country). Balto., Md.,

PARENTS.

10-NAME OF FATHER, Joseph Schneider

11-BIRTHPLACE OF FATHER (State or Country) Balto., Md.,

12-MAIDEN NAME OF MOTHER Settie Stroud

13-BIRTHPLACE OF MOTHER (State or Country), Balto., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry F. Klauber Jr.

(Address) 1200 E. Fayette, St.

15- AUG 28 1917 ROBERT R. KRAUTER

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 28, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 1917, to Aug 28 1917, that I saw h[illegible] alive on Aug 28 1917, and that death occurred, on the date stated above, at 11 3/4 a.m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Margaret Tyler M. D.

....., 191... (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 3511 Falls Road

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hunt — DATE OF BURIAL, Aug 30 191..

20-UNDERTAKER Ethelbert Say — ADDRESS Chestnut Ave

D 7909

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 7909

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1711 Mulliken St. 6 WARD)

2 FULL NAME Daniel Richardson

(Residence in Baltimore: No. 1711 Mulliken St. 8 yrs. mos. ds.)

REGISTERED No. C

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: ..... (Month) ..... (Day) 1857 (Year)

7 AGE: 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sarah Richardson
(Address) 1711 Mulliken St

15 Filed AUG 28 1917, 191 ROBERT R. KRAUTER REGISTRAR

State CAUSE OF DEATH in plain terms. It is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 8 (Month) 27 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1917, to Aug 25 1917, that I saw h alive on Aug 25, 1917, and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:

Tubercular laryngitis

(Duration) yrs. 7 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) L. Hamburger M. D.
Aug 27, 1917 (Address) 1028 Mulliken

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL: Aug 27th 1917

20 UNDERTAKER: Chas S Bailey ADDRESS: 1727 Gordon St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8000

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital ST.; 4 WARD)

REGISTERED NO. C 8000

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gus Sarkizes

(Residence in Baltimore: No. 716 W Lombard St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 28, 1914
(Month) (Day) (Year)

7-AGE, 3 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. Swingen

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Lekle Zakus

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Kasebenskas

(Address) 650 W. Lombard St.

15-

Filed AUG 23 1917 191 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 29, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1917, to Aug 29 1917, that I saw h alive on Aug 29 1917, and that death occurred, on the date stated above, at 5:30 Pm.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(Duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) ?

(Duration) yrs. mos. ds.

(Signed) J. McAllister M. D.

8/30, 191 7 (Address) Maryland Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 716 W. Lombard

19-PLACE OF BURIAL OR REMOVAL, St. Stanislowas — DATE OF BURIAL, Aug. 29, 1917.

20-UNDERTAKER J. Szeblianskas — ADDRESS 425 S Paca St

KODAK

Spec.—8-24-14—M. & T.—2000 Blks. 2026 N. Fremont Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8001 — 16H D 8001

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 W. Fulton Av ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel M. Kraft

(Residence in Baltimore: No. 1700 W. Fulton Av St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M.

4-COLOR OR RACE, W.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 29 (Month) (Day), 1915 (Year)

7-AGE, 2 yrs. 7 mos. ... dys.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Daniel M Kraft

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co Md

12-MAIDEN NAME OF MOTHER Mary Gruber

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel M Kraft

(Address) 1700 W. Fulton Av

15-

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 27 1917, to Aug 28 1917, that I saw him alive on Aug 28 1917, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Acute Toxic Gastritis

Due to Ice Cream & other food

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Paralysis of heart

(Duration) ... yrs. ... mos. 6 ds.

(Signed) Chas. A. Feldhoff M. D.

Aug 28, 1917. (Address) 1307 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, Aug 30, 1917.

20-UNDERTAKER Geo J Smith

ADDRESS, N. Fayette

AUG 28 1917

ROBERT R. KRAUTH

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8002
1 PLACE OF DEATH

CERTIFICATE OF DEATH

80 11 8002
REGISTERED No. C

CITY OF BALTIMORE (No. 1008 N. Fulton Ave St. 16 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rudolphus S. Dashiell

(Residence in Baltimore: No. 1008 N. Fulton Ave St.; 23 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: ~~August~~ May 7th, 1837 ~~1917~~ (Month) (Day) (Year)

7-AGE: 80 yrs. 3 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Peoria Ill.

PARENTS

10-NAME OF FATHER: G. W. Dashiell

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Elizabeth Fox

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. L. Dashiell
(Address) 1008 N. Fulton Ave

15-
Filed AUG 28 1917, 191
ROBERT R. KRAUTER
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 28, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 191 ., to Aug 28 1917,
that I saw h alive on Aug 28, 1917.
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Angina Pectoris, Arteriosclerosis

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY): Hypertension

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), W. N. B. Sellman M. D.
Aug 28, 1917 (Address) 36 E. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Aug 30, 1917

20-UNDERTAKER: Geo J. Smith — ADDRESS: 1000 W. Fayette

State CAUSE OF DEATH in plain ... is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8003

CERTIFICATE OF DEATH.

104 D 8003

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Fahrman

(Residence in Baltimore: No. 429 N. Castle St.; ... yrs., 7 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Child

6-DATE OF BIRTH, ... (Month), 1 (Day), ... (Year)

7-AGE, ... yrs. 7 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Melvin —

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER Minnie —

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Booth

(Address) 627 S. Calhoun St.

15-

Filed AUG 28 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 24, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16 1917, to Aug 24 1917, that I saw h[illegible] alive on Aug 24 1917, and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows: Autointoxication, Intestinal Obstruction

(Duration) Uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) M B Levin M. D.

Aug 24, 191.7 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 8 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 429 Castle

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, [redacted] Cem. DATE OF BURIAL, 8-27, 191.7

20-UNDERTAKER Robert Booth Eden ADDRESS Calhoun [redacted] Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 8004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 8004

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Langley

(Residence in Baltimore: No. 101 E. Pleasant St.; 58 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write word) Married

6-DATE OF BIRTH, Mar 24, 1858 (Month) (Day) (Year)

7-AGE, 59 yrs. 4 mos. 0 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work Machinist (b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Tennessee

PARENTS.

10-NAME OF FATHER, John Langley

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Carrie Morton

13-BIRTHPLACE OF MOTHER (State or Country), Tenn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp.

(Address) Calvert St.

Filed AUG 28 1917 191.... ROBERT B. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 26, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23 1917, to Aug. 26 1917, that I saw him alive on Aug 26 1917, and that death occurred, on the date stated above, at 5:15 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(Clinical Symptoms Dysphagia.)

(Duration) About Year

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward A. Sund M. D.

Aug 26, 1917 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 3 ds. In the State 57 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 101 E. Pleasant St

Former or usual residence 101 E. Pleasant St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Hill Cem	Aug. 29, 1917.
20-UNDERTAKER	ADDRESS
Wm Cook	602 E. North

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2005

CERTIFICATE OF DEATH.

91 D 2005

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1106 Division ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Reid

(Residence in Baltimore: No. 1106 Division St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, ... 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

43

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Freeman

(Address) 1106 Division St.

15- AUG 29 1917 Filed ..... 191. ROBERT E. KRAUTZ Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 9 1917, to Aug 27 1917, that I saw h[illegible] alive on Aug 26 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) ..... yrs. 5 mos. 10 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno G Strieper M. D.

Aug 28, 1917 (Address) 706 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	Aug 29 1917.

20-UNDERTAKER	ADDRESS
Samuel T Kemp & Co	578 W. Biddle St

important. See instructions

D 8006

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

80 D 8006

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1414 Ander ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wichelmina Klawunder

(Residence in Baltimore: No. 1414 Ander St.; 3y yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: 1808 (Month) (Day) (Year)

7-AGE: 74 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Martha Harkensee
(Address) 1414 Ander St

15- AUG 29 1917 Filed ....., 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

5

TION is very important.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 27 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1917, to Aug 27 1917, that I saw h.. alive on Aug 26 1917, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 4h yrs. — mos. 4 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Robt. P. Schmidt M. D.

Aug 27, 1917. [Address] 1318 E. Chase St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem DATE OF BURIAL: Aug 29 1917

20-UNDERTAKER: E & B Hark ADDRESS: 115 E West St

D 8007

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8007

CERTIFICATE OF DEATH.

169

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3 Gaye Fawn St. ST. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Clara A. Stockwell

(Residence in Baltimore: No. 3907 Banner Road St.; yrs., 35 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, Dec (Month) 19 (Day), 1851 (Year)

7-AGE, 65 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Mass.

PARENTS.

10-NAME OF FATHER, Josiah Stockwell

11-BIRTHPLACE OF FATHER (State or Country), Mass

12-MAIDEN NAME OF MOTHER Mary S. Seeley

13-BIRTHPLACE OF MOTHER (State or Country), Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Brent

(Address) Woodland & Mulberry

15-

Filed....., 191.....

Registrar.

AUG 29 1917

ROBERT B. KRAUTER

Registrar of Vital Statistics

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to. h.c.a death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental drowning

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) H. Edward Knight M. D. (Coroner)

Aug 28, 1917. (Address) 10 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, Aug 30 1917

20-UNDERTAKER, John C. Mitchell — ADDRESS 1201 N. Fayette

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8008.

CERTIFICATE OF DEATH.

40 D 8008

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Lizzie H. Myers

(Residence in Baltimore: No. 14 So Carey St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct 1, 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. 10 mos. 26 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Myers

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15-

AUG 25 1917

ROBERT E. KRAUSE
Burial Permit Clerk

Filed ....., 191.....

B Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1917, to Aug 27 1917, that I saw him alive on Aug 27 1917, and that death occurred, on the date stated above, at 8 A.M. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Face and Face (Operative)

(Duration) Last Year yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) ? yrs. mos. ds.

(Signed) Edward H. Dunkle M. D.

Aug 27, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 13 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 14 So. Carey St

Former or usual residence 14 So. Carey St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Aug 29, 1917

20-UNDERTAKER Geo M. Frink ADDRESS 811 W Fay

D 3009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3009

150

4

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 741 Sarah Ann ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude M. Jones

(Residence in Baltimore: No. 741 Sarah Ann St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 7, 1917
(Month) (Day) (Year)

7-AGE, yrs. 3 mos. 20 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Hansbury Jones

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Isabella Denby

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Isabella Jones

(Address) 741 Sarah ann

15-

AUG 29 1917 ROBERT R. KRAUTER

Filed, 191 Burial Permit Clerk.

Registrar.

CAUSE of death may be important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 27, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A D Driscoll M. D.
(Coroner.)

Aug 28, 191 7. (Address) 512 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Aug 29, 19 17

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Presstman St.

D 3010

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

115 D 3010

1-PLACE OF DEATH

Registered No. C

CITY OF BALTIMORE (No. 122 Shields Ave ST.; 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar Watson

(Residence in Baltimore: No. 122 Shields Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Col	Single

6-DATE OF BIRTH Dec 29, 1868 (Month) (Day) (Year)

7-AGE 49 yrs. 11 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Carp
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Va.

PARENTS

10-NAME OF FATHER Watson

11-BIRTHPLACE OF FATHER (State or country) Va.

12-MAIDEN NAME OF MOTHER Watson

13-BIRTHPLACE OF MOTHER (State or country) Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Gibson

(Address) 122 Shields Ally

15- AUG 29 1917 ROBERT R. KRAUTSS Filed 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Aug. 28, 191 7 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6, 191 7, to Aug 28 191 7, that I saw h.m alive on Aug 28, 191 7, and that death occurred, on the date stated above, at 6 4 m.

The CAUSE OF DEATH* was as follows:

Stress Ulcer

Contributory (SECONDARY) Exhaustion (Duration) — yrs. 3 mos. — ds

(Duration) yrs. mos. ds.

(Signed) Frank R. Krauss M. D.

Aug 28, 191 7 (Address) 600 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cem	Aug 29. 191 7

20-UNDERTAKER	ADDRESS
Wells & Kuhn	221 N Gay

State CAUSE OF DEATH in plain words. Do not use abbreviations or initials. Do not state mode of dying, such as heart failure, asthenia, etc., but the disease or injury which caused death. Additional space for answering this item is provided on page 2. Please read carefully the instructions on page 2 relating to this certificate. Item No. 8 is very important. See instructions on back of certificate.

D 8011 (Dorothy V. Hall) 104 D 8011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 927 Myrtle St. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy V. Hall

(Residence in Baltimore: No. 927 Myrtle St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: July 28, 1916 (Month) (Day) (Year)

7-AGE: 1 yrs. 1 mos. 5 ds. If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Isaac Hall

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Anna Hall

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mother

(Address) 927 Myrtle

15-

Filed ..... 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cholera Infantum

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Status Dentitionis + Gastritis

(Duration) yrs. mos. ds.

(Signed) G. W. Wilson M. D.

(Coroner.)

Aug 29 1917. (Address) 814 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs.....mos.....ds. In the State....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem DATE OF BURIAL, Aug 29 1917

20-UNDERTAKER: Charles B. Jones ADDRESS 236 S. Pine

Important. See instructions on back of Certificate.

B

D 8012

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8012

CERTIFICATE OF DEATH.

104

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 507 W.Lee St. ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Carter.(C)

(Residence in Baltimore: No. 507 W.Lee St. St.: ~~yrs.~~, 11 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	Colored	Single.

6-DATE OF BIRTH, September 14th. 1916., / (Month) (Day) (Year)

7-AGE, ----- yrs. 11 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, William D.Carter.(C)

11-BIRTHPLACE OF FATHER (State or Country). Virginia.

12-MAIDEN NAME OF MOTHER Estella Roberts.(C)

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estella Carter.(C) mother.

(Address) 507 W.Lee St.

15- AUG 29 1917 ROBERT B. RESTORFF

Filed....., 191... Burial Permit Clerk

B. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 28th. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to. her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cholera Infantum.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto W. Reinhardt M. D.
(Coroner)
Aug. 28, 191 7 (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	Aug 29 17
20-UNDERTAKER	ADDRESS 14 E
John H. Bradwin	Wash St

Important. See instructions on Back of Certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 8013 HEALTH DEPARTMENT—CITY OF BALTIMORE D 8013

CERTIFICATE OF DEATH. + 10

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. John Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME George Dasch.

(Residence in Baltimore: No. 1301 S. Clinton St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 12, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Tony Dasch.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliz. Wambleman

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Bluefs

(Address) Johns Hopkins Hosp.

15- AUG 28 1917

Filed....., 191.....

ROBERT B. KRAUTZ
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 27, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 23 1917, to Aug 27 1917, that I saw h[illegible] alive on Aug 27 1917, and that death occurred, on the date stated above, at 9 30 P. m.

The CAUSE OF DEATH* was as follows:

Gastro intestinal indigestion (acute)

(Duration) ...yrs. ...mos. 21 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (Duration) ...yrs. ...mos. 2 ds.

(Signed) Marcus Tyler M. D.

Aug. 28, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 4 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1301 S. Clinton St.

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, Aug 29 1917

20-UNDERTAKER Lilly & Zeile ADDRESS 403 S Mont[illegible]

Important. See instructions.

Spec.—8-24-14—M. & T.—2000 lbs.

D 8014

HEALTH DEPARTMENT—CITY OF BALTIMORE

+ 104 D 8014

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Dasch

(Residence in Baltimore) No. 1301 S. Clinton St.

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December (Month) 12 (Day), 1916 (Year)

7-AGE, ...yrs. 8 mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Tony Dasch

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Elz. Winkleman

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank J. Hamberger

(Address) Johns Hopkins Hosp.

15-

AUG 28 1917
ROBERT R. REESE
Burial Permit Clerk

Filed ....., 191.... 13 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1917, to Aug. 27, 1917, that I saw h[illegible] alive on Aug. 27, 1917, and that death occurred, on the date stated above, at 9:00 a. m.

The CAUSE OF DEATH* was as follows:

Gastro Intestinal Indigestion

(Duration) ....yrs. ....mos. 2 1 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia (Duration) ....yrs. ....mos. 2 ds.

(Signed) [illegible] M. D.

Aug 28, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 2 yrs. .... mos. 1 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1301 S Clinton St

19-PLACE OF BURIAL, OR REMOVAL, Sacred Heart Cem

DATE OF BURIAL, Aug. 30., 191.7

20-UNDERTAKER Lilly + Zile

ADDRESS 4038 Wolfe

D 8015

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 8015

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 420 N Mount ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Scott

(Residence in Baltimore: No. 420 N Mount St.: yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	colored	Widow

6-DATE OF BIRTH, X ..... (Month), 1 ..... (Day) (Year)

7-AGE, 66 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Privat Family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Wallace

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, X Ida Bell

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) X ..... (Address) X 427 N Mount St

15-

Filed....., 191.....

Registrar.

Important. See instructions on back.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug (Month) 27 (Day) 191 7 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to L death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) James M Houston M. D.
(Coroner.)

Aug 29 191 7. (Address) 704 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Aug 29 1917

20-UNDERTAKER H Eliz B Pyle ADDRESS 1011 E Monument

Spec.—3-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8016

CERTIFICATE OF DEATH.

104 D 8016

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Wordyear ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernadine Watkins

(Residence in Baltimore: No. 1314 Wordyear St.; ..... yrs., 1 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, July (Month) 9 (Day), 1917 (Year).

7-AGE, ... yrs. 1 mos. 20 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER Marie Watkins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mame Watkins

(Address) 1314 Wordyear St

15-

Filed AUG 29 1917, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 29 (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Aug 26 1917, to Aug 29 1917, that I saw her alive on Aug 28 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Toxic Enteritis

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) E. Williamson M. D.

Aug 29, 1917. (Address) 1928 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn	Aug 31 191?
20-UNDERTAKER Sam A. Chase Co	ADDRESS 1416 Pitcher

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8017

CERTIFICATE OF DEATH.

77 D 8017

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1114 Robert ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Keene

(Residence in Baltimore: No. 1114 Robert St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Aug 16, 1895 (Month) (Day) (Year)

7-AGE. 22 yrs. ..... mos. 12 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Jno Keene

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Base

(Address) 1400 Mosher St

15-

AUG 29 1917 ROBERT B. ARMSTRONG

Filed....., 191..... City Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 28, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 29, 1917, to Aug 28, 1917, that I saw h[illegible] alive on Aug 28, 1917, and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(b) Tuberculosis Adenitis

(c) several

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Allan Ford Day M. D.

28 Aug, 1917. (Address) 1425 E. Oliver St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Taylor Island Dorchester Co Md

DATE OF BURIAL. Aug 30 1917

20-UNDERTAKER Sam'l W Rose & Son

ADDRESS 1400 Mosher

Spec.—8-24-14—M. & T.—2000 lbs.

D 8018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 8018

1-PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Drain

(Residence in Baltimore: No. Little Sisters of the Poor St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov 6, 1839
(Month) (Day) (Year)

7-AGE, 77 yrs. 9 mos. 22 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER. John Daly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Hickey

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister M. Benedict

(Address) Little Sisters of the Poor

15-

AUG 29 1917

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1917, to ..... 191....., that I saw her alive on Aug 26 1917, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of heart

Unknown (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute indigestion

a few hours (Duration) ....yrs. ....mos. ....ds.

(Signed) Albarus M. D.

Aug 28, 1917. (Address) 1133 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 9 yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Aug 30, 1917

20-UNDERTAKER K. C. Wiedefeld — ADDRESS 914 Greenmount Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8019

CERTIFICATE OF DEATH.

40

D 8019

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 N. Patterson Park St.; or 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas H Meyer

(Residence in Baltimore: No. 231 N Patterson Park ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Widower

6-DATE OF BIRTH, ... August 30 ....., 1851.
(Month) (Day) (Year)

7-AGE, ... 65 yrs. 11 mos. 27 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Engineer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, William Meyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Meyer

(Address) 231 N Patterson Park

15-

Filed AUG 29 1917, 191.....

ROBERT B. KRAUTH

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug ..... 27 ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 191.., Aug 27 1917, that I saw him alive on Aug 26 1917, and that death occurred, on the date stated above, at 9 1/2 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cachexia

(Duration) ..... yrs. ..... mos. 1 mo. ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) A B Lemmon M. D.

Aug 28, 1917. (Address) 248 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer	Aug 30. 1917
20-UNDERTAKER	ADDRESS
Windell Rupp & Son	378 N ...

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 2020 — 104 D 2020

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2423 Christian ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Vincent Finnegan (Finnegan)

(Residence in Baltimore: No. 2423 Christian St. St.; 1 yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, September 28, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 11 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm. H. Finnegan

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Jno. May Mural

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm H. Finnegan

(Address) 2423 Christian St.

15-

Filed AUG 29 1917, 191.....

ROBERT R. KRAUTER
Burial Permit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1917, to Aug 28 1917, that I saw h in alive on Aug 28 1917, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Acute Gastroenteritis

C. Septic Pneumonitis

(Duration) 2 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Robert C. Hatch M. D.

Aug. 28, 1917 (Address) 2249 Wilkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Aug. 29, 1917

20-UNDERTAKER J. R. Clark — ADDRESS 1003 Baltimore St

Important. See instructions on back.

4

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 8021

1 PLACE OF DEATH

CERTIFICATE OF DEATH

10 1 D 8021

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1452 Wicomico St. WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frank Allen Larkins Jr.

(Residence in Baltimore: No. 1452 Wicomico St.; - yrs. 1 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single.

6 DATE OF BIRTH: July (Month) 1 (Day) 1917 (Year)

7 AGE: - yrs. 1 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Frank Allen Larkins,

11 BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Mary Schwartz.

13 BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Feank Allen Larkins

(Address) 1452 Wicomico St.

15. AUG 29 1917 Filed ....., 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

State CAUSE OF DEATH in this certificate. See instructions on back of certificate. 800 is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 28, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 25, 1917, to August 27 1917, that I saw him alive on August 27, 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) 1 yrs. ..... mos. 6 ds

Contributory (SECONDARY) Indigestible food

(Duration) ..... yrs, 1 mos. ..... ds.

(Signed) Stoddard Dean M. D.

Aug 28, 191 (Address) 2 W Colston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Aug. 30 ....., 1917

20 UNDERTAKER	ADDRESS
Jo. B Cook	1003 W. Balto St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 80.22

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 80.22

CERTIFICATE OF DEATH.

40

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 Edmondson av ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie Hook

(Residence in Baltimore: No. 832 Edmondson av St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 27 (Day), 1849 (Year)

7-AGE, 68 yrs. 2 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Enoch F Hook

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margaret Charters

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jas H. Kelly

(Address) 832 Edmondson

15-

AUG 29 1917

Filed....., 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 27 (Day), 191... (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3 191 7, to Aug 27 191 7, that I saw h er alive on Aug 26 191 7, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma
(Clinical diagnosis)

(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) ....yrs. ....mos. ....ds.

(Signed) William E. Burton M. D.

Aug 28..., 191 7 (Address) 762 Dolphin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Aug 30, 191 7.
20-UNDERTAKER H C Branning Son	ADDRESS 517 N. Schroeder

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8023 — CERTIFICATE OF DEATH. — 50 — D 8023

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 N. Broadway St.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie Greenberg

(Residence in Baltimore: No. 109 N. Broadway St.: 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, ? (Month) ? (Day) 1878 (Year)

7-AGE, 39 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Israel Feld

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Dora Berne

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D Greenberg

(Address) 109 N Broadway

15- AUG 29 1917

Filed....., 191.... ROBERT R. KRAUTH

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1917, to Aug 29 1917, that I saw her alive on Aug 29 1917, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Diabetes. (true)

(Duration) 9 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) ... yrs. 2½ mos. ... ds.

(Signed) Benjamin Rushkin M. D.

Aug 29, 1917 (Address) 1503 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1077 Broadway.

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Hebrew Rosedale	Aug 29, 1917
20-UNDERTAKER	**ADDRESS**
Max Levinson	1101 E Baltimore St

D 8024

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8024

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 836 E Trail ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Terowski

(Residence in Baltimore: No. 836 E Trail St

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Wd

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE. 69 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Polen Station

(Address) Bank St near Broadway

15-

Filed AUG 29 1917 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit

Morgue

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 23, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.)
Investigation find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Thomas Ryan Asst Cor M. D.
(Colond.)

Aug 24, 191.7 (Address) 160 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

HOPKINS HOSPITAL
Compulsory Register

Spec.—8-24-14—M. & T.—2000 Blks.

D 8025

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8025

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joel Holly.

(Residence in Baltimore: No. 23 days. St.; ....yrs., ...mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Unknown ....., 1847
(Month) (Day) (Year)

7-AGE, 70 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Lewisburg W Va

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Libby

(Address) Johns Hopkins Hosp

15- Filed AUG 29 1917, 191.....

ROBERT B. KRAUTER
Registrar.

CAUSE OF DEATH must be given in full and accurately. See that all items are answered. Omission of important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 28, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6 1917, to Aug 28 1917, that I saw him alive on Aug 28 1917, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Stenosis Hepatic ducts
(benign Structure)

..... (Duration) 7 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Jaundice

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) W E Lower M. D.

Aug 29, 1917. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 23 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Lewisburg W Va

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Romney W. Va	Aug 29, 1917.
20-UNDERTAKER Allard E Fuller	ADDRESS 221 N Bond

D 80.26

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 80.26

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 15 W.Church St. St.: 32 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Miller.(C)

(Residence in Baltimore: No. 15 W.Church St. St.; yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	Colored.	Single.

6-DATE OF BIRTH. December 29th. 1882., 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
24 yrs. 7 mos. 30 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

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9-BIRTHPLACE, (State or Country). Norfolk Va.

PARENTS.

10-NAME OF FATHER. Thomas Miller.(C)

11-BIRTHPLACE OF FATHER (State or Country) North Carolina.

12-MAIDEN NAME OF MOTHER Antha Carter.(C)

13-BIRTHPLACE OF MOTHER (State or Country) Virginda.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antha Miller.(C)mother.

(Address) 15 W.Church St.

15- Filed AUG 29 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

Important. See instruction on back of this certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 28th. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt (Coroner.) M. D.

Aug. 28, 1917. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Norfolk Va	Aug 29 1917
20-UNDERTAKER L. C. Brounds Son	ADDRESS 108 W. Monty St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8027

CERTIFICATE OF DEATH

53 D 8027

1-PLACE OF DEATH Womans Hospital

CITY OF BALTIMORE: (No. ..... ST.; 17 WARD) REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Nannie Caskie

(Residence in Baltimore: No. 2313 N. Calvert St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH Not Known, ... (Month) (Day) (Year)

7-AGE, 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Remington Va

PARENTS.

10-NAME OF FATHER, James A Caskie

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Alice Dunnock

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, (Informant) Mrs. Kennon R. Caskie

(Address) 2312 N. Calvert St

15- Filed AUG 29 1917, 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 29 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 24 1917 to Aug 29 1917, that I saw her alive on Aug 29 1917, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows: Acute Leukaemia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Hallie M Clark M. D.

Aug 29, 1917. (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 2313 N. Calvert St

19-PLACE OF BURIAL OR REMOVAL, Remington Va — DATE OF BURIAL, Aug 30 1917

20-UNDERTAKER M Jos Syfer — ADDRESS 1600 W North ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8028

CERTIFICATE OF DEATH.

104

D 8028

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Brookfield ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M Davis

(Residence in Baltimore: No. 2200 Brookfield St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Feby (Month) 16 (Day), 1917 (Year)

7-AGE. ....yrs. 6 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Easton, Md

PARENTS.

10-NAME OF FATHER. Raymond T Davis

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Maria L Hughes

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Raymond T. Davis

(Address). 2200 Brookfield Ave

15-

Filed AUG 29 1917, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 4 1917, to Aug 29 1917, that I saw him alive on Aug 29 1917, and that death occurred, on the date stated above, at 12 20 P. m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(Duration) ....yrs. One mos. ds.

CONTRIBUTORY (Secondary) Indigestion - gastro intestinal

(Duration) 5 yrs. 3 mos. ds.

(Signed) Harry Lyman Whittle M. D.

Aug 29, 1917. (Address) 5 East Mt Royal Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Easton, Md. DATE OF BURIAL, Aug 30, 1917

20-UNDERTAKER John O Mitchell ADDRESS 120 W Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

D 502

HEALTH DEPARTMENT—CITY OF BALTIMORE

81

D 502

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hampton Court Apartment 1 Dolphin St near Eutaw ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella E. Norris
Hampton Court Apartment
(Residence in Baltimore: No. Dolphin St near Eutaw St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept (Month) 9 (Day), 1858 (Year)

7-AGE, 58 yrs. 11 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Charles Co Md

PARENTS.

10-NAME OF FATHER, Thos. H. Evans

11-BIRTHPLACE OF FATHER (State or Country). Charles Co Md.

12-MAIDEN NAME OF MOTHER Sarah Bowen.

13-BIRTHPLACE OF MOTHER (State or Country). Charles Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant)....E. E. Norris
(Address)....104 E Lafayette Place

15-
Filed AUG 29 1917 191....
ROBERT B. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 28 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1916, to Aug 28 1917, that I saw h[illegible] alive on August 27 1917, and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH* was as follows:

Aneurysm - Aortic arch - Chronic Purulent Bronchitis
Probably 10 years (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion from Cardiac failure 4 (Duration) mos. ds.

(Signed) J. Carroll Pickard M. D.
Aug 28, 1917. (Address) 4 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Evergreens — DATE OF BURIAL, Aug 30, 1917

20-UNDERTAKER H. M. Sandt — ADDRESS 624 N Pine

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D M(B.S)

CERTIFICATE OF DEATH.

30 D M(B.S)

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 E Fayette ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Adler Jr

(Residence in Baltimore: No. 1210 E Fayette St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Mch 1, 1915 (Month) (Day) (Year)

7-AGE, 2 yrs. 5 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto MD

PARENTS.

10-NAME OF FATHER, Henry A Adler Sr

11-BIRTHPLACE OF FATHER (State or Country), Balto MD

12-MAIDEN NAME OF MOTHER Margaret Kesselring

13-BIRTHPLACE OF MOTHER (State or Country), Balto MD

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Adler

(Address) 1210 E Fayette St

15-

AUG 29 1917

Filed....., 191.... ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 29, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6 1917, to Aug 28 1917, that I saw h[im] alive on Aug 6 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

1. Tubercular Meningitis

..... (Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) A. A. Farnsworth M. D.

Aug 29, 1917. (Address) 918 E Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, Aug 31, 1917.

20-UNDERTAKER Hurt & Cook — ADDRESS 707 E Monument

D MDH

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

43 D MDH

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1236 E. North Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary E. Russell

(Residence in Baltimore: No. 1236 E. North Ave St.; 15 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female | 4-COLOR OR RACE White | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH March (Month) 24 (Day), 1857 (Year)

7-AGE 60 yrs. 5 mos. 3 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore City

PARENTS

10-NAME OF FATHER Charles Albert Herzogheimer

11-BIRTHPLACE OF FATHER (State or country) Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Schnauffer

13-BIRTHPLACE OF MOTHER (State or country) Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas F. Russell

(Address) 1236 E North Ave

15-

Filed AUG 29 1917, 191 ..... ROBERT R. KRAUTER

REGISTRAR

TION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH August (Month) 27 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26, 1917, to, August 27 1917, that I saw her alive on August 27 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows: Result of second stroke Paralysis

First stroke in 1909

(Duration) 1 yrs 5 mos. ..... ds.

Contributory (SECONDARY) Carcinoma rt breast

(Duration) 2 yrs ..... mos. ..... ds.

(Signed), Fritz J Kinzer M. D.

Aug 28, 1917. [Address] 2700 Harford Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Loudon Park. | DATE OF BURIAL Aug 30 1917

20-UNDERTAKER Kelleher Cook | ADDRESS 50 N North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 80.52

HEALTH DEPARTMENT—CITY OF BALTIMORE

150 D 80.52

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222 Bank ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Stroll

(Residence in Baltimore: No. 2222 Bank St.: 66 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 28, 1917
(Month) (Day) (Year)

7-AGE, ...yrs...mos. 1 ds.

If LESS than 1 day, 2 hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...naval...
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Charles T. Stroll

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Barbara Herman

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles T. Stroll

(Address) 2222 Bank St.

15-

AUG 29 1917

Filed ....., 191.....

ROBERT P. KRAUTER
BURIAL PERMIT CLERK

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 29, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 28 1917, to Aug 29 1917, that I saw h[illegible] alive on Aug 29 1917, and that death occurred, on the date stated above, at 12:[illegible] m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar Double

1

(Duration) ...yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ...yrs.....mos.....ds.

(Signed) W. J. Rouech M. D.

Aug 29, 1917. (Address) 800 E Lex St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-[redacted] OF BURIAL OR REMOVAL, St Matthews

DATE OF BURIAL, Aug 30 1917.

20-UNDE[redacted]KER H. Sanders & Sons

ADDRESS 1110 Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8653

CERTIFICATE OF DEATH.

8653

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No.) Calvert St. ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Lang

(Residence in Baltimore: No. 107 S Linwood Ave St.; 14 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Fem	White	Married

6-DATE OF BIRTH. Sept. (Month) 4 (Day), 1884 (Year)

7-AGE.	If LESS than 1 day,
32 yrs. 11 mos. 23 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. Gertrude

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Thoma Otto

13-BIRTHPLACE OF MOTHER (State or Country), U. S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Lang

(Address) 107 S Linwood Ave

15-

Filed....., 191.....

Registrar.

AUG 29 1917 ROBERT R. [illegible] Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 28 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 11 1917, to Aug 28 1917, that I saw h Er alive on Aug 27 1917, and that death occurred, on the date stated above, at 2.05 A m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

J.V.

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

Hemorrhage (Duration) yrs. mos. ds.

(Signed) Edward G. Bunch M. D.

Aug 28, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 107 S Linwood Ave

Former or usual residence 107 S Linwood Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Greenmount	Aug. 30, 1917.
20-UNDERTAKER	ADDRESS
H Sander & Son	1711 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 8034

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

104 D 8034

REGISTERED No. C

CITY OF BALTIMORE: (No. 1017 Peach Alley St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helda M. Palmer

(Residence in Baltimore: No. Life 1017 Peach Alley St.; ..... yrs., 6 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	colrd	Single

6-DATE OF BIRTH, Mar (Month) 17 (Day), 1911 (Year)

7-AGE, ... yrs. 5 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balti Md

PARENTS.

10-NAME OF FATHER, Louis Palmer

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Lillie Spence

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Palmer

(Address) 1017 Peach

15- AUG 30 1917

Filed ....., 191.... ROBERT B. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1917 to ..... 191...., that I saw h[illegible] alive on Aug 26 1917, and that death occurred, on the date stated above, at 9.2 m.

The CAUSE OF DEATH* was as follows:

..... Gastro Enteritis .....

..... acute .....

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... L. A. Keene ..... M. D.

Aug 29, 1917 (Address) 522 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Aug 29, 1917

20-UNDERTAKER E. E. Gross ADDRESS 1405 McElderry

Spec.—8-24-14—M. & T.—2000 Bks.

D 8035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 ✓ D 8035

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1348 Sargeant ST.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph O Herold

(Residence in Baltimore: No. 1348 Sargeant St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word.) Single

6-DATE OF BIRTH, July (Month) 13 (Day), 1914 (Year)

7-AGE, ...yrs. 1 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, George Herold

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sara Huttenberger

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Huttenberger

(Address) 1348 Sargeant St.

15-

AUG 30 1917 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 1917, to Aug 29 1917, that I saw h-- alive on Aug 28 1917, and that death occurred, on the date stated above, at 11 05 A m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

..... (Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) ....yrs. ....mos. 2 ds.

(Signed) E A Eschelman M. D.

8/30/17, 191... (Address) 20 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem — DATE OF BURIAL, Aug 31, 191 7

20-UNDERTAKER, J G Fields — ADDRESS 1300 W Lombard

D 8036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43 D 8036

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1620 Riggs av ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johannah Johnson

(Residence in Baltimore: No. 1620 Riggs av St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOW(ER), OR DIVORCED, (*Write* the word.)
Female	Colo	Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1853 (Year)

7-AGE 64 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... Keeper

9-BIRTHPLACE, (State or Country), Balt.

PARENTS.

10-NAME OF FATHER, William Morris

11-BIRTHPLACE OF FATHER (State or Country). Balt.

12-MAIDEN NAME OF MOTHER Elizabeth Bruce

13-BIRTHPLACE OF MOTHER (State or Country). Balt.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daughter

(Address) 1620 Riggs av

15- FILED AUG 30 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cancer of Breast

(Duration) 2 yrs. 7 mos. 2 ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Holtman M. D.
(Coroner.)

Aug. 29, 191.7 (Address) 814 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery

DATE OF BURIAL, Aug 30, 1917

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Eastern Av

Important. See instructions on back.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8037 ✓ 37 D 8037

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Johns Hopkins Hosp. ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Gardener

(Residence in Baltimore: No. 1823 Lorman St St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Child

6-DATE OF BIRTH, June (Month) 8 (Day), 1917 (Year)

7-AGE, ...yrs. 2 mos. .....ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of industry, business, or establishment in which employed (or employer)..... child

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Leonard Gordon

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER ✓

13-BIRTHPLACE OF MOTHER (State or Country), ✓

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Sibley

(Address) Johns Hopkins Hosp

15- AUG 30 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 26, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 21 1917, to Aug 26 1917, that I saw him alive on Aug 26 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal indigestion

..... (Duration) ....yrs. ....mos. 14 ...ds.

CONTRIBUTORY (Secondary) Syphilis

..... (Duration) ....yrs. 2 mos. ....ds.

(Signed) Margaret Tyler M. D.

Aug 27, 191... (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1823 Lorman St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

Burial Permit Received.

Theodora Krause

D 8038

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 8038

64

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 3647 Park Heights Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodora Krause

(Residence in Baltimore: No. 3647 Park Heights Ave St.; 53 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Mdw

6-DATE OF BIRTH: Dec (Month) 27 (Day) 1848 (Year)

7-AGE: 64 yrs. 2 mos. — ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Andrew Werner

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Dora Bark

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo W Arnot

(Address) 3647 Park Heights Ave

15- Filed AUG 30 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: August 27 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 27, 1917, to Aug 27 1917, that I saw h[illegible] alive on Aug 27 1917, and that death occurred, on the date stated above, at 10.35 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs ..... mos. 1 ds.

Contributory (SECONDARY) Arteriosclerosis

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) John D Bubert M. D.

Aug 28 1917 [Address] 4887 Park Heights Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Aug 30, 1917

20-UNDERTAKER: Robt T Turner — ADDRESS: 1472 N. Broadway

D 8039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 186 ✓ D 8039

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST. 4 WARD) REGISTERED NO. C.....

2-FULL NAME Louis L. Egge.

(Residence in Baltimore: No. Eldridge. Md. St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) ....., 1..... (Year)

7-AGE, 27 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, J. F. Egge

11-BIRTHPLACE OF FATHER (State or Country), Washington D C

12-MAIDEN NAME OF MOTHER Christina Shannon

13-BIRTHPLACE OF MOTHER (State or Country) Eldridge Md

14-THE ABOVE IS T... BEST OF MY KNOWLEDGE.

(Informant)..... Eldridge Md

(Address).....

15-

Filed AUG 30 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 28, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull caused by Heavy Stroke on Head by falling Block & Tackle accidently (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. F. Driscoll (Coroner.) M. D.

Aug 30 1917. (Address) 312 N Carrollton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Melvale M E Church DATE OF BURIAL, Aug 31 19 17

20-UNDERTAKER Geo A Gerber ADDRESS Balto Md

Important. See instructions.

Spac.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8040

CERTIFICATE OF DEATH.

154 D 8040

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4002 Roland Ave ST.; 18 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Ebert

(Residence in Baltimore: No. 4002 Roland Ave St.; 65 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb 10th (Month) (Day), 1832 (Year)

7-AGE, 85 yrs. 6 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dorothy Tauber

(Address) 2051 E. Monument

15- Filed AUG 30 1917 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 29 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 191 7, to Aug 29 191 7, that I saw h[er] alive on Aug 28 191 7, and that death occurred, on the date stated above, at 6:30 a m.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Edema
2. .....
3. .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hans Gottlieb M. D.

Aug 30 1917 (Address) 1736 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mathews — DATE OF BURIAL, Aug 31 191 7

20-UNDERTAKER Philip Henrig — ADDRESS 20 N Eutaw

Spec.—8-24-14—M. & T.—3000 Blks.

D 8041 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 8041

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. CITY OF BALTIMORE. (No. Franklyn Square Hosp. 8 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Gilbert R.E. Newman

(Residence in Baltimore: No. 1408 N. Lakewood Ave St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, July 21, 1900 (Month) (Day) (Year)

7-AGE, 17 yrs. 1 mos. 7 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Apprentice
(b) General nature of industry, business, or establishment in which employed (or employer): Template Maker

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Marion B. Newman

11-BIRTHPLACE OF FATHER (State or Country): Spartanburg S.C.

12-MAIDEN NAME OF MOTHER: Marie Hartman

13-BIRTHPLACE OF MOTHER (State or Country): Philadelphia Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marion B. Newman

(Address) 1408 N. Lakewood Ave

15-

Filed AUG 30 1917 191

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 28, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1917 to Aug 28 1917, that I saw h m alive on Aug 28 1917, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage

(Duration) yrs. 4 mos. 2 ds.

CONTRIBUTORY (Secondary) Typhoid Fever

of P. (Duration) yrs. mos. 22 ds.

(Signed) H. Gold Kennedy M. D.

Aug 28..., 1917. (Address) Franklyn Square Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 1408 N. Lakewood Ave

19-PLACE OF BURIAL OR REMOVAL, Balto. Cemetery | DATE OF BURIAL, Aug. 31..., 1917

20-UNDERTAKER Harry H. Witzke | ADDRESS 1531 W. Pennsylvania

HEALTH DEPARTMENT—CITY OF BALTIMORE

8042

CERTIFICATE OF DEATH

120 D 8042

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1419 N Bond ST.: 8 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Clay Evans

(Residence in Baltimore: No. 1419 N Bond St. 5 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug 29, 1917 (Month) (Day) (Year)

7-AGE: 72 yrs. 8 mos. 10 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Thos Evans

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Leah Collmus

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Barnes
(Address) 149 N Bond

15
Filed AUG 30 1917 191 ROBERT R. KRAUTER
Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug 29, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1917, to Aug 28 1917, that I saw him alive on Aug 28, 1917, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Edema of Glottis

Chronic Bright's Disease Duration: ... yrs. 6 mos. 6 ds.
Contributory (SECONDARY) Heart dis. (Duration) ... yrs. 6 mos. ... ds.

(Signed) R. G. Davis M. D.
Aug 29 191 7 (Address) 157 N Eaton St

Medical Examiner

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Aug 31 191 7

20-UNDERTAKER: Henry Lutz — ADDRESS: 1007 N. Bond

State CAUSE OF ... certificate. ... is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8043

CERTIFICATE OF DEATH.

40 ✓ D 8043

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 E. Preston ST.; 10 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry M. Callsen

(Residence in Baltimore: No. 1215 E. Preston St ..... St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widowed

6-DATE OF BIRTH, Oct 7 (Month) (Day), 1847 (Year)

7-AGE, 70 yrs. 10 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Wood Finisher
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Callsen

(Address) 1215 E. Preston St

15-

Filed AUG 30 1917 191..... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 28th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1917, to Aug 28 1917, that I saw him alive on Aug 25 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Exhaustion (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Brumbach M. D.

8-29, 191 (Address) 1327 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem — DATE OF BURIAL, Aug 31, 1917

20-UNDERTAKER Frank A. Fink — ADDRESS 915 E. Lan

...ec.—8-24-14—M. & T.—2000 Blks.

D 8044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X D 8044

REGISTERED No. C.....

1-PLACE OF DEATH (a) Kelly Hosp.

CITY OF BALTIMORE: (No. 1418 Eutaw Place ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Elinor G. Walsh

(Residence in Baltimore: No. 1418 Eutaw Place St.; ...yrs...mos...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, ...Aug... 30, 1860
(Month) (Day) (Year)

7-AGE, 57 yrs...mos...ds.

If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) [redacted]

PARENTS':

10-NAME OF FATHER, [illegible] Brown

11-BIRTHPLACE OF FATHER (State or Country) [illegible] Brown

12-MAIDEN NAME OF MOTHER [illegible] Brown

13-BIRTHPLACE OF MOTHER (State or Country) [illegible] Brown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth M. Moyer M.D.

(Address) 1418 Eutaw Place

15-

Filed AUG 30 1917 191...

ROBERT R. KRAUTER
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Aug... 30, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1917, to Aug 30 1917, that I saw h[illegible] alive on Aug 30 1917, and that death occurred, on the date stated above, at 5.45 p.m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis

Jaundice & cachexia

(Duration) Some Years ago yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cancer of intestines

(Duration) ...yrs. 1 mos. ...ds.

(Signed) Elizabeth M. Moyer M. D.

Aug 30, 1917. (Address) 1418 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ...yrs...mos. 10 ds. In the State 2 yrs...mos...ds.

Where was disease contracted, if not at place of death? Washington

Former or usual residence Washington D.C.

19-PLACE OF BURIAL, OR REMOVAL. Helena Montana

DATE OF BURIAL, Sept 6, 1917

20-UNDERTAKER John J. Fahey & Sons

ADDRESS 1318 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8045

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

103 D 8045

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 917 W. Lexington St. St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Edith Lorenz.

(Residence in Baltimore: No. 917 W. Lexington St. St.; 19 yrs., 8 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, December (Month) 26 (Day), 1898 (Year)

7-AGE, 19 yrs. 8 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Jos. Lorenz.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lena Papenberg

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. J. Lorenz,

(Address) 917 W. Lexington St.

15-

Filed AUG 30 1917 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1917, to Aug 30 1917, that I saw h[er] alive on Aug 29 1917, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Psoriasis Exfoliative 3 yrs.
Enteritis acute 3 days

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Wiley R. Buckstaff M. D.

Aug 30, 1917 (Address) 1038 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Aug 31, 1917

20-UNDERTAKER Joseph B Cook ADDRESS 1003 N Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

D 8046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED No. C.....

D 8046

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1437 Conway St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Charles Snyder

(Residence in Baltimore: No. 1437 Conway St.; ....yrs., 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	S

6-DATE OF BIRTH, April 17th (Month) (Day), 1917 (Year)

7-AGE, ...yrs. 4 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Samuel Snyder

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Margaret Zepkus

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Zepkus

(Address) 1437 Conway St.

15-. AUG 30 1917

Filed....., 191.... HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 28th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 18th 191 7, to Aug 28th 191 7, that I saw h.. alive on Aug 28th 191 7, and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ....yrs. 10 days mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. A. O'Donnell M. D.

Aug 29th 191 7 (Address) 161 E. Wash St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem — DATE OF BURIAL, Aug 30, 191 7

20-UNDERTAKER M. J. Flynn — ADDRESS 1422 Light

Important. See instructions on back.

D 8047 HEALTH DEPARTMENT--CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

151 D 8047

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1108 E. Lanvale ST. 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Beltz (Beltz)

(Residence in Baltimore: No. 1106 E. Lanvale St.; yrs. mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Aug (Month) 29th (Day), 1917 (Year)

7-AGE: ... yrs. ... mos. 1 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Chas. L. Beltz

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Rose Feeney

13-BIRTHPLACE OF MOTHER (State or country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas L. Beltz.

(Address) 1108 E. Lanvale.

15 AUG 30 1917 Filed ..., 191... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 30 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1917, to Aug 30 1917, that I saw him alive on Aug 29, 1917, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia with due to Mitral failing down Heart.

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) L. D. Lehnert M. D.

Aug 30, 1917. (Address) 211 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Most Holy Redeemer Cem.	Aug 30, 1917
20-UNDERTAKER	ADDRESS
Chas T. Evans & Son	118 W Mt Royal ave

State CAUSE OF DEATH on this certificate. See instructions on back of certificate. It is very important.

Spec.—8-24-14—M. & T.—2000 Bks.

D 8018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 ✓

D 8018

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 Willow ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Ulsheimer

(Residence in Baltimore: No. 806 Willow St.; 66 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 21, 185[illegible]
(Month) (Day) (Year)

7-AGE, 67 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Ulsheimer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lutenbuer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Ulsheimer

(Address) 806 Willow st

15-

Filed AUG 30 1917 191.... HARRY C. ANDREWS Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 30, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 29 1917, to Aug 30 1917, that I saw h[illegible] alive on Aug 28 1917, and that death occurred, on the date stated above, at 3 9 m.

The CAUSE OF DEATH* was as follows:

Chronic Tuberculosis Ulcers

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Haemoptysis

(Duration) 7 yrs. mos. ds.

(Signed) James M. Fulton M. D.

Aug 30 1917. (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Aug 31 191.7.

20-UNDERTAKER Tom Cook

ADDRESS 702 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 8049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 8049

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 N. Calvert St ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Agnes Welch

(Residence in Baltimore: No. 903 N Calvert St - St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Divorced

6-DATE OF BIRTH, May (Month) 20 (Day), 1833 (Year)

7-AGE, 84 yrs. 3 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Filip Durst.

11-BIRTHPLACE OF FATHER (State or Country), Don't know

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country), Don't know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Dean

(Address) 901 N. Calvert St.

15-

Filed AUG 30 1917, 191.....

HARRY O. RUSLER
Registrar's Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 27 1917, to August 30 1917, that I saw h[illegible] alive on August 30 1917, and that death occurred, on the date stated above, at 3.05 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Mary Agnes Dean M. D.

Aug. 30, 1917. (Address) 901 N. Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmt Cem. DATE OF BURIAL, Sept 1, 1917

20-UNDERTAKER Wm. Poole ADDRESS 502 E. North

Aug.

Spec.—8-24-14—M. & T.—2000 Blks.

D 8050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 D 8050

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 North Curley ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Mildred Dingle

(Residence in Baltimore: No. 19 North Curley St. life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov (Month) 16 (Day), 1914 (Year)

7-AGE, 2 yrs. 9 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto City Md

PARENTS.

10-NAME OF FATHER, James A. Dingle

11-BIRTHPLACE OF FATHER (State or Country), Balto City Md

12-MAIDEN NAME OF MOTHER Annie Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James A. Dingle

(Address) 19 N. Curley St

15-

Filed AUG 30 1917 191.....

HARRY C. ANDREWS
CHIEF CLERK

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Augt (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Augt 13, 1917, to Augt 30 1917, that I saw h[illegible] alive on Augt 29 1917, and that death occurred, on the date stated above, at 10:5a m.

The CAUSE OF DEATH* was as follows:

Acute septic Laryngitis

(Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) Adolph L. Eisenberg M. D.

(Address) 2701-3 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Harford Rd

DATE OF BURIAL, Sept 1, 1917

20-UNDERTAKER Wellman Cook

ADDRESS 504 E Nod Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 8051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 8051

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 Eastern Ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pelagia Bayer

(Residence in Baltimore: No. 1528 Eastern Ave St.; 1 yrs., 8 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 19, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 8 mos. 11 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Bayer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Lottie Szmajda

13-BIRTHPLACE OF MOTHER (State or Country), Russ Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Bayer

(Address) 1528 Easter Ave

15-

Filed AUG 30 1917, 191... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21st 1917, to Aug 31st 1917, that I saw h[illegible] alive on Aug 29th 1917, and that death occurred, on the date stated above, at 12.25a m.

The CAUSE OF DEATH* was as follows:

Intus-Enteritis

(Duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. 1 mos. 18 ds.

(Signed) A T Ries M. D.

Aug. 30, 1917. (Address) 24 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Aug 31, 1917

20-UNDERTAKER Wm Faulkner — ADDRESS 1615 Eastern Ave

D 8052

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8052

CERTIFICATE OF DEATH.

169

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Foot of Leakin St. ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon Zamkowski.

(Residence in Baltimore: No. 2322 Boston St. St.: ~~yrs.~~ 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White	Single.

6-DATE OF BIRTH, April 7th. 1908., 1

(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
9 yrs. 4 mos. 21 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pittsburg Pa.

PARENTS.

10-NAME OF FATHER, Joseph Zamkowski.

11-BIRTHPLACE OF FATHER (State or Country) Russia.

12-MAIDEN NAME OF MOTHER Apolonia Wysocki.

13-BIRTHPLACE OF MOTHER (State or Country) Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Zamkowski.(father)

(Address) 2322 Boston St

15-

Filed AUG 30 1917, 191.... Registrar.

HARRY C. ANDREWS

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 28th. 1917., 191...

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M Reinhardt M. D.

(Coroner.)

Aug, 30, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Aug 31. 1917
20-UNDERTAKER	ADDRESS
William Fialkowski	618 Eastern Ave

Important. See instructions on back.

Spec—5-19-13—M&T—500 Blks

Blossman

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8053

CERTIFICATE OF DEATH.

28

D 8053

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 W Fayette St.; 4 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene M Blakemore

(Residence in Baltimore: No. 740 W Fayette St.; —yrs.,— mos.,—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): married

6-DATE OF BIRTH: ..... (Month) Dec (Day) 4 (Year) 1891

7-AGE: 25 yrs. 8 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Drug Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: David Blakemore

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Hattie Coates

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Blakemore

(Address) 74 W Fayette Ave

15-

Filed AUG 30 1917 191.....

HARRY M. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Aug (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1917, to Aug 29 1917, that I saw him alive on Aug 29th 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary hemorrhage

(Duration) 9 yrs. mos. 1 ds.

(Signed) Harry Blaxman M. D.

Aug 30, 1917. (Address) 2687 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Ramsenburg Va

DATE OF BURIAL, Aug 31, 1917

20-UNDERTAKER: Martin Fahey & Sons

ADDRESS 606 Lafayette Ave

D 8054

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8054

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 911 Church ct St.) 17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Sutton

(Residence in Baltimore: No. 911 Church ct.

St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 9, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 20 ds. If LESS than 1 day, ...hrs. or ....mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto.

PARENTS.

10-NAME OF FATHER John Sutton

11-BIRTHPLACE OF FATHER (State or Country). Balto.

12-MAIDEN NAME OF MOTHER Ema Gorman

13-BIRTHPLACE OF MOTHER (State or Country). Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 911 Ch. ct

15- AUG 30 1917 HARRY [illegible]

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 29, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Indigestion

(Duration) yrs. 4 mos. ds.

(Signed) [illegible] M. D.

(Coroner) Aug. 29, 1917. (Address) 1918 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS.)

At place of death ....yrs. ....mos. ....ds. State ....yrs. 3 mos. 20 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 19....

20-UNDERTAKER | ADDRESS

Important. See instructions on back.

D 8055 HEALTH DEPARTMENT—CITY OF BALTIMORE D 8055

CERTIFICATE OF DEATH.

169

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Pier 7 Canton ST.: 1 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno Grant

(Residence in Baltimore: No. Same St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Widower

6-DATE OF BIRTH, ... (Month) Unknown (Day) 1 (Year) .....

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. ..... ds.	....hrs. or ....min.?
72 about	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Sailor
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Canada

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eastern Police

(Address) .....

15- HARRY O. ANDRUS

Filed AUG 30 1917 191.. Registrar. (Local Registrar)

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Aug. (Day) 24, (Year) 1917

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental drowning

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) H. Leonard Reese M. D. (Coroner.)

8/28, 191.. (Address) 710 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY	AUG 30 1917 19....
20-UNDERTAKER	ADDRESS
Commissioner Health.	

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 8056 HEALTH DEPARTMENT—CITY OF BALTIMORE D 8056

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Lemmon St. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Garfield Woolfenden

(Residence in Baltimore: No. 1613 Lemmon St. St.; 35 yrs., 11 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, September (Month) 18 (Day), 1881 (Year)

7-AGE, 35 yrs. 11 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Huckster.
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James Woolfenden

11-BIRTHPLACE OF FATHER (State or Country), Baltimore CO. Md.

12-MAIDEN NAME OF MOTHER Ella Nicholson.

13-BIRTHPLACE OF MOTHER (State or Country), Howard CO. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. Woolfenden

(Address) 1613 Lemmon St.

15-

AUG 30 1917

Filed....., 191.... HARRY C. ANDREW. Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1917, to Aug 30 1917, that I saw h~~im~~ alive on Aug 30 1917, and that death occurred, on the date stated above, at 12 & 9 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Aug 30, 1917 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	Sept. 1st, 1917
20-UNDERTAKER Joseph S. Cook	ADDRESS 1003 W. Balto

Spec.—8-24-14—M. & T.—2000 Blks.

D 8057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 D 8057

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 E North Ave ST.; 8 WARD) REGISTERED NO. C.....

2-FULL NAME Margaret Hooper.

(Residence in Baltimore: No. 1738 E. North Ave St.; —yrs., —mos. —ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, August 1, 1841 (Month) (Day) (Year)

7-AGE: 76 yrs. — mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Samuel Butler

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Margaret Vanhist

13-BIRTHPLACE OF MOTHER (State or Country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frank E. Pugh

(Address) 1738 E North Ave

15-

Filed AUG 30 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 29, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1, 191 1, to August 29, 191 1, that I saw h Et alive on " 28 191 1, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene of Left Foot

(Duration) 1 yrs. 11 mos. 20 ds.

(Signed) George H Hartman M. D.

(Aug. 30, 191 7) (Address) 1121 N Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Butte City DATE OF BURIAL, Aug 31, 191 7

20-UNDERTAKER L. T. Scarbrough ADDRESS 2620 St Paul

Spec.—8-24-14—M. & T.—2000 Bks.

D 8058

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8058

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; V WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Desell

(Residence in Baltimore: No. 609 S. Bethel St.; yrs., 11 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, September 5, 1916.
(Month) (Day) (Year)

7-AGE, 0 yrs. 11 mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Albert Desell

11-BIRTHPLACE OF FATHER (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER Nettie McCord

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry J. Klauberg

(Address) Johns Hopkins Hosp

15-

Filed AUG 31 1917, 191.

ROBERT R. KRAUTER
Registrar.

Important. See that every question is answered.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 29, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 23 1917, to Aug. 29 1917, that I saw h cr alive on Aug 29 1917, and that death occurred, on the date stated above, at 5.40 P.M.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion.

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Margaret Tyler M. D.

Aug 31., 1917. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 609 S. Bethel St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Aug 31st, 1917.

20-UNDERTAKER Lilly Zeiler ADDRESS 403 S Wolfe St

17 Eo 47

D 8059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. In Bal. Hospital St. 14 WARD)

REGISTERED No. C 1175 D 8059

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Guarino

(Residence in Baltimore: No. 1121 N. North Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: July 22 (1870?), 1870 (Month) (Day) (Year)

7-AGE: 47 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Trunk (b) General nature of industry, business, or establishment in which employed (or employer): Broker

9-BIRTHPLACE (State or Country): Italy

PARENTS

10-NAME OF FATHER: Carmato Guarino

11-BIRTHPLACE OF FATHER (State or Country): Lacyons Aug. 36 1917

12-MAIDEN NAME OF MOTHER: Anna Guarino

13-BIRTHPLACE OF MOTHER (State or Country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): [illegible]

(Address) 1221 N. North Ave

15- FILED AUG 31 1917 191 ROBERT R. KRAUTER Registrar. Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Aug. 29 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bootleg Liquor

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Collision with Auto

(Duration) yrs. mos. ds.

(Signed) [illegible]

(Coroner) M. D.

(Address) 819 N. Calvert

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL, Sept 3, 1917

20-UNDERTAKER: McLean-Jones — ADDRESS 833 Linden ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8060

CERTIFICATE OF DEATH.

D 8060

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 S Montford Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaretta Walther

(Residence in Baltimore: No. 512 S Montford Ave St.; 15 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, September 16 (Month) (Day) 1837 (Year)

7-AGE, 79 yrs. 11 mos. 13 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER, Jacob Arenz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Maria Kuhl

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Walther

(Address) 512 S. Montford

15-

Filed AUG 31 1917, 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 29 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1916, to Aug 29 1917, that I saw h.. alive on Aug 29th 1917, and that death occurred, on the date stated above, at 2:30 m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 1 yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. N. Ruley M. D.

Aug. 29, 1917. (Address) 100 E. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, Aug. 31st, 1917

20-UNDERTAKER Christian Miller

ADDRESS 2354 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8061

CERTIFICATE OF DEATH.

45 ✓ D 8061

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 15 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Hoke

(Residence in Baltimore: No. 1801 N. Monroe St ST.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Mch 2, 1862
(Month) (Day) (Year)

7-AGE, 55 yrs. 5 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Alex. Kemes

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliz McDonald

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Rev. Mercy Hosp

(Address)..... Oakland St

15-

Filed AUG 31 1917, 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 27 1917, to Aug 31 1917, that I saw h[illegible] alive on Aug 30 1917 and that death occurred, on the date stated above, at 12 05 m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia (Clinical Diagnosis Only)

(Duration) Days

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward D. Barnett M. D.

Aug 31, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 7 ds. In the State 54 yrs. 5 mos....ds.

Where was disease contracted, if not at place of death? 1801 N. Monroe St

Former or usual residence 1801 N. Monroe St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral	Sept. 3..., 1917.

20-UNDERTAKER Martin Fahey & Son ADDRESS 16 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 8062

CERTIFICATE OF DEATH.

28 D 8062

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 Portland St.; 27 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav Schamberger

(Residence in Baltimore: No. 641 Portland St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Divorced

6-DATE OF BIRTH, June 15th, 1880 (Month) (Day) (Year)

7-AGE, 37 yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shipping Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Chas Schamberger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Keller

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Schroder

(Address) 526 Conway St

15-

Filed AUG 31 1917, 191.....

ROBERT R. KRAUTER
Burial Permit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 29, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1917, to Aug 29 1917, that I saw h alive on Aug 28 1917, and that death occurred, on the date stated above, at 10 45 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. M. Dellett M. D.

Aug 30, 1917. (Address) 621 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Sept ..., 1917

20-UNDERTAKER John C. Moran — ADDRESS Zeph & Lanvale Sts

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8063

CERTIFICATE OF DEATH.

D 8063

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Smith

(Residence in Baltimore: No. 2 days John Hopkins Hosp. St.; ..... yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Child

6-DATE OF BIRTH, August 29, 1917.
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
....yrs. 6 mos. ....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md Unknown

PARENTS.

10-NAME OF FATHER, Sabe Smith

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER Rose Nelson

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... R Sibley

(Address)..... Johns Hopkins Hosp.

15- Filed AUG 31 1917, 191.... ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 29, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 27 1917, to Aug 29 1917, that I saw her alive on Aug 29 1917, and that death occurred, on the date stated above, at 5 20 m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion.

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Margaret Tyler M. D.

Aug 31, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death?

Former or usual residence Mt Wilson

19-PLACE OF BURIAL OR REMOVAL, Western Star Cemetery

DATE OF BURIAL, ..., 191...

20-UNDERTAKER Edward W Pyle

ADDRESS 303 Edmondson Ave Catonsville

Spec.—8-24-14—M. & T.—2000 lbs.

D 8064

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8064

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. ~~7013~~ Jefferson ST.; St Michaels WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Lawrence O'Connor

(Residence in Baltimore: No. 7013 Jefferson St. St.; 53 yrs., — mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR ~~OR RACE~~ White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 11 (Day), 1864 (Year)

7-AGE, 53 yrs. 2 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore, Md. Green Spring Valley

PARENTS.

10-NAME OF FATHER, Thomas O'Connor

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Leonard

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Thos. O'Connor

(Address) 7013 Jefferson St

15-

Filed AUG 31 1917, 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1917 to Aug 29 1917, that I saw him alive on Aug 29 1917, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(Duration) 5 yrs. mos. ds.

(Signed) Myles B. Stanton M. D.

Aug 29 1917 (Address) St Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 2013 Jefferson St.

19-PLACE OF BURIAL OR REMOVAL, St Marys Cem (Govans)

DATE OF BURIAL, Sept 1, 1917.

20-UNDERTAKER J. Herwig & Co

ADDRESS 2004 Aliceanna.

Spec.—8-24-14—M. & T.—2000 Blks.

8065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 8065

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3456 Seneca ST.; 13 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Fisher

(Residence in Baltimore: No. 3456 Seneca St.; 12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, Jan (Month) 12 (Day), 1847 (Year)

7-AGE,	If LESS than 1 day,
70 yrs. 7 mos. 18 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Kaufman

(Address) 3456 Seneca

15- AUG 31 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8-29 1917, to 8-30 1917, that I saw her alive on 8-30 1917, and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) 5 yrs. ....mos. ....ds.

(Signed) C F Conaghan M. D.

8/30, 191.7. (Address) 3701 Roland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Strausburg Va.	Aug 31 1917
20-UNDERTAKER Clemmer Bros.	ADDRESS 3607 Gwynnbrook Ave.

D 8066

HEALTH DEPARTMENT—CITY OF BALTIMORE

98 D 8066

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 930 N Vincent St.; 16 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Elana Gross

(Residence in Baltimore: No. 930 N. Vincent St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1841 (Year)

7-AGE: 72 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): Keeper

9-BIRTHPLACE (State or Country): Md

PARENTS.

10-NAME OF FATHER: John Gross

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Lucinda Thomas

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Mathews

(Address) 926 N Vincent St

15- FILED AUG 31 1917 191.... ROBERT R. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: ..... Aug (Month) 28 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

Sent Pendleton

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H Wolfstein M. D. (Coroner.)

Aug. 31, 1917 (Address) 814 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds. None

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: Sept 1, 1917

20-UNDERTAKER: Samuel Dwight

ADDRESS 1364 Mary

Important—Do not write in this space.

Spec.—8-24-14—M. & T.—2000 Blks.

D 8067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓ D 8067

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Ash Land Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. George

(Residence in Baltimore: No. 1104 Ash Land Ave St.; 37 yrs., 1 mos. 6 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Aug 24, 1880 (Month) (Day) (Year)

7-AGE. 37 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Bernard Hess

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Elizabeth L. Graham

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Stephen St George

(Address) 1104 Ash Land Ave

15-

Filed AUG 31 1917 191.... HARRY C. ANDREWS Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 30, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 16, 1916, to Aug. 29 1917, that I saw her alive on Aug. 29 1917, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert J. Green M. D.

Aug 31..., 1917. (Address) 120½ Augusta St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS or INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery DATE OF BURIAL, Sept 1..., 1917

20-UNDERTAKER Henry Storck & Son ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Blks.

D 8068

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8068

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 313 S. Fremont St.; 77 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dietrich W. Scholing

(Residence in Baltimore: No. 313 S. Fremont Ave St.; 51 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Widower

6-DATE OF BIRTH, ... Jan (Month) 3 (Day), 1851 (Year)

7-AGE, 66 yrs. 7 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bkr & Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Scholing

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. A. Scholing

(Address) 313 S. Fremont

15- Filed SEP 1 1917 191... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 13 1917, to Aug 30 1917, that I saw him alive on Aug 29 1917, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Tuberculosis Ulcer

(Duration) ....yrs. 10 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John H. Crane M. D.

Aug 1 191.. (Address) 101 N. Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. — DATE OF BURIAL, Sept. 1.., 191.7

20-UNDERTAKER Jos Jourdans. Son — ADDRESS 217 S. Broadway

D 8069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 ✓ D 8069

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 798 Sarah ann ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Percy Chapman

(Residence in Baltimore: No. 798 Sarah ann

St., yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Married

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE. 47 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Wagon Driver
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Chapman

(Address) 798 Sarah ann st

15- SEPT-1917 HARRY C. ANDREWS

Filed....., 191..... BURIAL PERMIT CLERK
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 29, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) A. O. Sprecht M. D.
(Coroner.)

Aug 31, 1917. (Address) 312 N Carrollton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Aug 31, 1917

20-UNDERTAKER John Hourn ADDRESS 538 Dolphin

Important. See instructions.

Spec.—8-24-14—M. & T.—2000 Blks.

D 8070

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

119 D 8070

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 W. Franklin ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Gaunthorp

(Residence in Baltimore: No. Same W Franklin St.; 31 yrs. 8 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWER, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 23, 1885
(Month) (Day) (Year)

7-AGE, 31 yrs. 8 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stockclerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... Soap factory

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Benj. Gaunthorp

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Martha Roy

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Benj F Gaunthorp

(Address) 916 W Franklin St

15-

Filed SEP 1 1917, 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 24 1917, to Aug 31 1917, that I saw him alive on Aug 30 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(Duration)..... yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Heart Murmur

(Duration)..... yrs. mos. ds.

(Signed) H. E. Krug M. D.

Aug 31, 191.. (Address) 1112 N Fremont Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Sept 7, 191.7

20-UNDERTAKER Geo W Little — ADDRESS 531 N Fremont Av

Spec.—5-19-13—M. & T.—500 Bks.

D 8071

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

D 8071

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 Argyle Ave. St.; 17 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Wm. Chisley

(Residence in Baltimore: No. 1334 Argyle Ave / St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 29, 1890 (Month) (Day) (Year)

7-AGE, 27 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Undertaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Race to Md.

PARENTS.

10-NAME OF FATHER, Jno. Francis Chisley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Louisa Farrell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theodore Thos. Chisley

(Address) 1334 Argyle Ave

15-

Filed SEP 1 - 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 29th (Month) (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 10th 1917, to Aug 29 1917, that I saw h[illegible] alive on Aug. 29th 1917, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Haemorrhage

Tuberculosis (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) unknown

Tuberculosis (Duration) yrs. mos. ds.

(Signed) Atlas Bartlett M. D.

Aug. 31, 1917. (Address) 700 W. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Sept 1, 1917.

20-UNDERTAKER Felix B. Pyle

ADDRESS 1022 E. Mulberry

CAUSE OF DEATH. See instructions on back of certificate. important.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8072

CERTIFICATE OF DEATH.

92 D 8072

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Carroll ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Townes

(Residence in Baltimore: No. 1406 Carrell St. 27 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Mar

4-COLOR OR RACE: Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, unknown (Month), (Day) 1 (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labour
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): U S

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), U S

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), U S

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Townes

(Address) 908 Wilmount

15-

Filed SEP 1 - 1917, 191. MARY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 29 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 27 1917, to Aug 29 1917, that I saw h[illegible] alive on Aug 29 1917, and that death occurred, on the date stated above, at 6.45 p. m.

The CAUSE OF DEATH* was as follows:

Tetanus Traumatica

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(Duration) yrs. 1 mos. ds.

(Signed) J Morley Hoag M. D.

Aug 30 1917. (Address) 1296 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery

DATE OF BURIAL, Sept 1, 1917.

20-UNDERTAKER Geo H Hooper

ADDRESS 602 Lexington

D 8073

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 8073

REGISTERED No. C 79

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1426 Druid Hill ave ST. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Richard G. Johnson

(Residence in Baltimore: No. 1426 Druid Hill av St.; yrs. few mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Mar (Month) (Day), 1873 (Year)

7 AGE: 44 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: George G Johnson

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Hughes

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella Johnson

(Address) 1426 Druid Hill Ave

15 Filed SEP 1 - 1917, 191 ROBERT R. KRAUTER Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 28 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug. 11th, 1917, to Aug 28 11th 1917, that I saw h~~im~~ alive on Aug 27 11th, 1917, and that death occurred, on the date stated above, at 7 P. m.
The CAUSE OF DEATH* was as follows:

Mitral regurgitation.

Unknown (Duration) yrs. mos. ds

Contributory (SECONDARY) Lack of compensation

(Duration) yrs. mos. ds.

(Signed) Clement Evans. M. D.

Aug 29th, 1917 (Address) 833 N Fulton av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL: Sept 1, 1917

20 UNDERTAKER: Samuel Hemsley ADDRESS: 5 S Bond

State CAUSE OF DEATH very carefully and in full. Do not use abbreviations or indefinite terms. Name disease causing death, not mode of dying. Do not state "Heart Failure," "Asthenia," "Senility," "Old Age," or "Unknown" without adding the primary cause. If from violence, state the nature of injury and whether accidental, suicidal or homicidal. If from accident, state whether it occurred in mine, factory, railroad, etc. If woman, state whether death occurred during pregnancy, labor or childbed. If infant, state whether premature or full term, and number of hours or days lived. This information is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 8071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 15 WARD)

REGISTERED No. C 1779 D 8071

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Sebastian Muth

(Residence in Baltimore: No. 2409 Roslyn Ave. St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, Aug 12, 1846 (Month) (Day) (Year)

7-AGE, 51 yrs. 0 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wholesale Druggist
(b) General nature of industry, business, or establishment in which employed (or employer): Mnfr.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Michael J. Muth

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Josephine Katzenberger

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Muth

(Address) 2409 Roslyn Ave.

15- SEP 1 - 1917 Filed ....., 191.... ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 31, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 26 1916, to Aug 31, 1917, that I saw him alive on Aug 31 1917, and that death occurred, on the date stated above, at 4.45 a. m.

The CAUSE OF DEATH* was as follows:

X Arteria Sclerosis

About 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis & Mitral Regurgitation

(Duration) 1 yrs. mos. ds.

(Signed) Edward H. Daniels M. D.

Aug 31, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 2409 Roslyn Ave

Former or usual residence 2409 Roslyn Ave.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery. DATE OF BURIAL, Sept. 3rd, 1917.

20-UNDERTAKER Henry H. Jenkins Sons Co ADDRESS Eutaw & Oxford Sts.

Spec.—8-24-14—M. & T.—2000 Blks.

Wm Ringies

D 8075

HEALTH DEPARTMENT—CITY OF BALTIMORE

172 D 8075

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST.; 20 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Ringies

(Residence in Baltimore: No. 2123 Wilhelm St. St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Sept. 12 (Month) (Day) 1857 (Year)

7-AGE, 59 yrs. 11 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet maker
(b) General nature of industry, business, or establishment in which employed (or employer): Pollock & Co. City

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, Wm Ringies

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. N. S. Fink

(Address) 1921 W. Pratt St.

15- Filed SEP 1 - 1917, 191... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 30 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 26 1917, to Aug 30 1917, that I saw him alive on Aug 30, 1917, and that death occurred, on the date stated above, at 5.10 p. m.

The CAUSE OF DEATH* was as follows:

Gangrene of great toe and cellulitis of left foot

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) H. H. Gardner M. D.

Aug 30, 1917. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2123 Wilhelm St.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Sept. 2, 1917

20-UNDERTAKER N. S. Fink — ADDRESS 1921 W. Pratt St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8076

CERTIFICATE OF DEATH.

104 D 8076

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 McMechen ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Grayson

(Residence in Baltimore: No. 537 McMechen St.; yrs. 11 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, ... yrs. 11 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Geo Grayson

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Matilda Scott

12-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mathilda Grayson

(Address) 537 McMechen

15-

Filed SEP 1 - 1917, 191... ROBERT R. KRAUTER, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 191 7, to Aug 31 191 7,
that I saw h... alive on Aug 31 191 7,
and that death occurred, on the date stated above, at 10½ m.
The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) T E Daugherty M. D.

....., 191... (Address) 1602 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, Sept 1., 1917

20-UNDERTAKER Edward Ringgold — ADDRESS 1463 N Bway

Spec.—8-24-14—M. & T.—2000 Blks.

D 8077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 D 8077

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 Fairmount Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wallace Lucas

(Residence in Baltimore: No. 1529 Fairmount Ave St.; 1 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, June 7, 1916 (Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 24 ds. If LESS than 1 day, hrs. or 2 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: 0
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Andrew Lucas

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Agnes Chase

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. A. Mann

(Address) 1529 Fairmount ave

15- SEP 1 - 1917 Filed....., 191..... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 31, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1917, to Aug 31 1917, that I saw h[illegible] alive on Aug 30 1917, and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) 1 yrs. 6 mos. 1 ds.

(Signed) Bernard J. Grueck M. D.

9-1-, 1917 (Address) 1707 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, Sept 1, 1917

20-UNDERTAKER Edward Ringgold ADDRESS 1463 N Bary

D 8078

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

84 ✓ D 8078

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 202 Augusta Ave Irving St. 30 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Aloysius Healy

(Residence in Baltimore: No. 202 Augusta Ave Irvington St.; — yrs. 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	Single

6-DATE OF BIRTH: July (Month) 25 (Day), 1917 (Year)

7-AGE: — yrs. 1 mos. 6 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Irvington Md.

PARENTS

10-NAME OF FATHER: James P Healy

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Anna L Cooney

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James P Healy

(Address) 202 Augusta Ave

15. Filed SEP 1 - 1917, 191

ROBERT R. KRAUTER
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 31 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1917, to Aug 31 1917, that I saw h— alive on Aug 31, 1917, and that death occurred, on the date stated above, at 5-30 p m.

The CAUSE OF DEATH* was as follows:

Acute Enlargement of the Thymus gland

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Marshall B Worst M. D.

Aug 31, 1917 (Address) Catonsville Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: New Cathedral — DATE OF BURIAL: Sept 1 .191 7

20-UNDERTAKER: J W Black — ADDRESS: 703 N Balto St.

State CAUSE OF DEATH very carefully and fully. See instructions on back of certificate. This is very important.

Spec.—8-24-14—M. & T.—2000 lbs.

D 8079

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8079

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 Beckis Lane St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Samuel Callender Halfpenny

(Residence in Baltimore: No. 232 N. Poppleton St.; ...yrs., 4 mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Widowed

6-DATE OF BIRTH, Sept (Month) 4 (Day), 1849 (Year)

7-AGE	If LESS than 1 day,
67 yrs. 11 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter Building

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Samuel Witmore Halfpenny

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Katherine Strubeck

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Halfpenny

(Address) Calvert & Beckis Lane

15- SEP 1 - 1917 ROBERT R. KRAUTER

Filed..... 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 31 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 31 1917, to Aug 31 1917, that I saw h[illegible] alive on Aug 31 1917, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

.....

..... (Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

..... (Duration) ... yrs. ... mos. 6 ds.

(Signed) Maurice E. B. Owens M. D.

Aug 31, 1917 (Address) 857 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Sept 2 1917

20-UNDERTAKER F. B. Hepfinstine vs Fredk ay — ADDRESS

Spec.—8-24-14—M. & T.—2000 Blks.

D 8080 HEALTH DEPARTMENT—CITY OF BALTIMORE 50 D 8080

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2874 St. Paul ST.; 17 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Muir Andrew.

(Residence in Baltimore: No. 2874 St. Paul St. St.; ....yrs.,....mos.,....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widowed

6-DATE OF BIRTH, ...10.... (Month) ....21.... (Day), 1854 (Year)

7-AGE, ...63.... yrs. ..10.. mos. ....9.... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): Building

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, David Andrew

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Sarah Clark

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David W. Andrew

(Address) 2611 St. Paul St.

15- Filed SEP 1 - 1917 191.. ROBERT R. KRAUTER Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 31st (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 31 1917, to August 31st 1917, that I saw him alive on August 31st 1917, and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Three Hours

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY. (Secondary) Diabetes Mellitus

(Duration) 3 yrs. ....mos. ....ds.

(Signed) H. H. Bridges M. D.

Aug 31st, 1917. (Address) 1610 Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Sept. 3, 1917

20-UNDERTAKER John B Spence — ADDRESS 1325 N. Caroline St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8081

CERTIFICATE OF DEATH.

D 8081

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 E Madison St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice Spencer manns

(Residence in Baltimore: No. 1422 E Madison St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug 4 (Month) (Day), 1912 (Year)

7-AGE, 5 yrs. 0 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John W. Manns

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elva Spence

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elva Spence

(Address) 1422 E Madison St

15- SEP 1 1917

Filed ....., 191.... ROBERT R. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 30 (Month) (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 8 1917, to Aug 30 1917, that I saw h[illegible] alive on Aug 29 1917, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) 2 yrs. 1 mos. 22 ds.

CONTRIBUTORY. (Secondary) Acute Nephritis

(Duration) ..... yrs. 21 mos. 10 ds.

(Signed) J Edward Sinks M. D.

Aug 31, 1917. (Address) 1612 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Sept 1, 1917.

20-UNDERTAKER Joseph A. Farrell — ADDRESS 2319 Division St

Spcc.—8-24-14—M. & T.—2000 Bks.

D 8082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 8082

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1408 Madison Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Catherine Hayden

(Residence in Baltimore: No. 1408 Madison Ave St.; 2 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, January 26, 1869
(Month) (Day) (Year)

7-AGE, 48 yrs. 7 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bkt House
(b) General nature of industry, business, or establishment in which employed (or employer): Rented Room

9-BIRTHPLACE, (State or Country), St. Marys Co. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Kentucky

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. J. Hayden

(Address) 1408 Madison Ave

15- Filed SEP 1 1917 191.... ROBERT R. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 30, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1917, to Aug 30 1917, that I saw h alive on Aug 30 1917, and that death occurred, on the date stated above, at 8 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis Right Side & Exhaustion

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

....., 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Leonardtown St Marys Md | DATE OF BURIAL, Sept 1 191...

20-UNDERTAKER Chas. A. Howe & Son | ADDRESS 118 Fort Royal Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 8083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

52 ✓ D 8083

REGISTERED No. C.....

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert St. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin Koehler

(Residence in Baltimore: No. 1619 Westwood Av St.; ...yrs., ...mos. Lifetime ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. (Month) 27 (Day), 1902 (Year)

7-AGE, 14 yrs. 9 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Errand Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, E. Koehler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma Krumd

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Koehler

(Address) 1619 Westwood Ave

15- Filed SEP 1 - 1917, 191... ROBERT R. KRAUTH Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 29 1917, to Aug 31 1917, that I saw h.. alive on Aug 31 1917, and that death occurred, on the date stated above, at 2.30 Am.

The CAUSE OF DEATH* was as follows:

Addison's Disease

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward F. Smith M. D.

191... (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 2 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 1619 Westwood

19-PLACE OF BURIAL, OR REMOVAL Hebrew Friendship — DATE OF BURIAL, Sept 2 191 7

20-UNDERTAKER Wood Sondheim — ADDRESS 118 Dover Royal Face

Spec.—8-24-14—M. & T.—2000 Bks.

D 8084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST. 11 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Lyons.

(Residence in Baltimore: No. Dunkirk Md. St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH June 22, 1879 (Month) (Day) (Year)

7-AGE	If LESS than 1 day,
38 yrs. 2 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Hse.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Lyons

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Laura Norfolk

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. W. Hower

(Address) 2535 Westwood Ave

15-

Filed. SEP 1 - 1917, 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 31, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 19 1917, to Aug 31 1917, that I saw h[illegible] alive on Aug 31 1917, and that death occurred, on the date stated above, at 11.30 p.m.

The CAUSE OF DEATH* was as follows:

.....

Uraemia

.....

(Duration) ....yrs....mos. 1 ds.

CONTRIBUTORY (Secondary) .....

.....(Duration)....yrs....mos....ds.

(Signed) J. A. Farsden M. D.

Aug 31, 1917. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos 14 ds. In the State....yrs....mos 38 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Dunkirk, Md.

19-PLACE OF BURIAL OR REMOVAL, Cheney Sta. Calvert Co. DATE OF BURIAL, Sept 2, 1917.

20-UNDERTAKER McLean & Jones ADDRESS 833 Lanvale

(Over)

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8085

CERTIFICATE OF DEATH.

+138

D 8085

REGISTERED No. C.....

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert St ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl Made Cook

(Residence in Baltimore: No. 415 Annapolis Av St.; 20 yrs., 2 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 20, 1897 (Month) (Day) (Year)

7-AGE, 20 yrs. 2 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm S. Gallion

11-BIRTHPLACE OF FATHER (State or Country), Balto Co. Md.

12-MAIDEN NAME OF MOTHER Glencoe Gallion

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Glencoe Gallion

(Address) 12 E Cook St

15-

Filed SEP 1 1917, 191.....

ROBERT P. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 31, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 30 1917, to Aug 31 1917, that I saw h Er alive on Aug 31 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Puerperal Eclampsia

(Duration).....yrs.....mos.....2.....ds.

CONTRIBUTORY (Secondary) Pregnancy

(Duration).....yrs.....8.....mos.....ds.

(Signed) Edward H. Smith M. D.

....., 191... (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs.....mos. 2 ds. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 415 Annapolis Av Baltimore

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Sept 3, 1917.

20-UNDERTAKER John Heaman Son — ADDRESS 907 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

D 8086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 D 8086

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Janet Gould Rucker

(Residence in Baltimore: No. 26 Talbot Road St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 31, 1913.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas S. Rucker

11-BIRTHPLACE OF FATHER (State or Country), Mass

12-MAIDEN NAME OF MOTHER Esther Woodberry

13-BIRTHPLACE OF MOTHER (State or Country), Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas S. Rucker

(Address) 26 Talbot Road

15-

Filed SEP 1 1917, 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 31 1917, to Sept 1 1917, that I saw h[illegible] alive on Sept 1, 1917, and that death occurred, on the date stated above, at 11.30 A.m.

The CAUSE OF DEATH* was as follows:

Consumption Pulmonary

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank C. Mason M. D.

Sept 1, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. 1 ds.

Where was disease contracted, if not at place of death? 2

Former or usual residence University Hospital

19-PLACE OF BURIAL OR REMOVAL, Lynn Mass. DATE OF BURIAL, Sept 1, 191..

20-UNDERTAKER W. J. Dickinson & Son ADDRESS Norma

Spec.—8-24-14—M. & T.—2000 Blks.

D 8087

HEALTH DEPARTMENT—CITY OF BALTIMORE

41 ✓ D 8087

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Dora Markowitz

(Residence in Baltimore: No. 1712 E. Fayette St. St.: 26 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Married

6-DATE OF BIRTH, Sept. —, 1875
(Month) (Day) (Year)

7-AGE, 32 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Joe Minakur

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Lena Scheeter

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jewish

(Address) 1411 E. Baltimore

15-

Filed SEP 1 - 1917 191.....

ROBERT R. KRAUTER
Burial Permit

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 8-3 1917, to 8-31 1917, that I saw her alive on 8-31 1917, and that death occurred, on the date stated above, at 7.05 Am.

The CAUSE OF DEATH* was as follows:

Adeno Carcinoma of Colon

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(Duration) yrs. mos. 21 ds.

(Signed) L. L. Jacobs M. D.

8-31, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 28 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1712 E. Fayette St.

Former or usual residence 1712 E. Fayette St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington — DATE OF BURIAL, 9/2, 1917

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E. Balt

Spec.—8-24-14—M. & T.—2000 Blks.

8088

HEALTH DEPARTMENT—CITY OF BALTIMORE

105 ✓

D 8088

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital 18 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hammond Bauer

(Residence in Baltimore: No. 1042 W. Saratoga St.; .....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, ✓ .....yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John Bauer

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Catherine Reinhardt

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Bauer

(Address) 1042 W. Saratoga St.

15-

Filed SEP 2 - 1917, 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 29 1917, to Aug. 31 1917, that I saw h.. alive on Aug. 31 1917, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac - Colitis

(Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary) Hypertrophic pneumonia

(Duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

Sept -, 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 2 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1042 W. Saratoga St.

19-PLACE OF BURIAL OR REMOVAL. St Peters Cem. DATE OF BURIAL, Sept. 2, 1917

20-UNDERTAKER J. J. Curran & Son. ADDRESS 701 Hollins St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8089 — 105 — 8089

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Mott ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin Spencer

(Residence in Baltimore: No. 409 Mott St.; 2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... June (Month) ..... 4 (Day) ..... 1915 (Year)

7-AGE, ... yrs. 2 mos. 27 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Clifford Spencer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Barbara Spencer

13-BIRTHPLACE OF MOTHER (State or Country), Rensselaer Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Spencer

(Address) 409 Mott St

15- Filed SEP 2 - 1917, 19.., ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... August (Month) ..... 31 (Day) ..... 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1917, to Aug 31 1917, that I saw him alive on August 30 1917, and that death occurred, on the date stated above, at 8-45 a.m.

The CAUSE OF DEATH* was as follows:

..... Cholera Infantum .....

.....

.....

..... (Duration) ..... yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary) ..... Exhaustion .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Aug 31 1917. (Address) 2651 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem — DATE OF BURIAL, Sept 2d, 1917.

20-UNDERTAKER, Harry A. Vodery — ADDRESS 1720 Orleans St

D 8090

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 ✓

D 8090

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1070 W Fayett ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME aldona V Basiliauskas

(Residence in Baltimore: No. 1070 W Fayett St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: March 25, 1917 (Month) (Day) (Year)

7 AGE: ... yrs. 5 mos. 6 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph Vasiliauskas

11 BIRTHPLACE OF FATHER (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Ana Kavoleuskas

13 BIRTHPLACE OF MOTHER (State or country): Lithuania

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Vasiliauskas

(Address) 1070 W Fayett

15 Filed SEP 2 - 1917 191 ROBERT R. KRAUTER ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September 1st, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from August 30, 1917, to Sept 1 1917, that I saw h- alive on Sept 1, 1917, and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs. ... mos. 10 ds

Contributory (SECONDARY) Gastro Enteritis

(Duration) ... yrs. ... mos. 15 ds.

(Signed) Stephen A Ren M. D.

Sept 1st, 1917 (Address) 1127 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Sept. 3, 1917

20 UNDERTAKER: John Grebliauckas — ADDRESS: 425 S. Pacas St

State CAUSE OF ... certificate, etc.
is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 8091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 176 ✓

D. 8091

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gilbert Ammond

(Residence in Baltimore: No. Westminster Md St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Sept (Month) ..... (Day) 1911 (Year)

7-AGE, 6 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Gilbert Ammond

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Ammond

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp Data

(Address) Green & Lombard

15- SEP 2 - 1917 Filed, 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1917, to Sept 1 1917, that I saw h im alive on Sept 1, 1917, and that death occurred, on the date stated above, at 4:45 p m.

The CAUSE OF DEATH* was as follows:

Septicaemia

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Osteomyelitis

..... (Duration) ....yrs. ....mos. 6 ds.

(Signed) C A Reifschneider M. D.

9/1, 191 7 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Westminster Md

Former or usual residence Westminster Md

19-PLACE OF BURIAL OR REMOVAL, Westminster Md — DATE OF BURIAL, Sept 3, 1917

20-UNDERTAKER H M Norton — ADDRESS 230 Green

Spec.—8-24-14—M. & T.—2000 Blks.

D 8092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 8092

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Eastern Ave St.; 3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kwarta

(Residence in Baltimore: No. 1503 Eastern Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Feb. 17, 1917
(Month) (Day) (Year)

7-AGE. ..... yrs. 6 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Infant .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), not Known

12-MAIDEN NAME OF MOTHER Mary Kwarta

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Kwarta

(Address) 1503 Eastern Ave

15- Filed SEP 2 - 1917, 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 24 1917, to Sept 1 1917, that I saw h[illegible] alive on Sept 1 1917, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

..... Acute Gastro Enteritis .....

..... (Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Sept ..., 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rozary	Sept. 2., 191.7.

20-UNDERTAKER Jacob Fialkowski ADDRESS 428 S. Bond St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8093

CERTIFICATE OF DEATH.

28 D 8093

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1704 W. Franklin ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ava J. Parham

(Residence in Baltimore: No. 1704 W. Franklin St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, about Oct — (Month) (Day), 1864 (Year)

7-AGE: 53 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Warrenton N. C

PARENTS.

10-NAME OF FATHER: Geo Robinson Hedgepeth

11-BIRTHPLACE OF FATHER (State or Country): N. C

12-MAIDEN NAME OF MOTHER: Nancy Hennry

13-BIRTHPLACE OF MOTHER (State or Country): N. C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): John L. Reed

(Address): 1704 W. Franklin St

15-

Filed SEP 2 - 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1916, to August 31 1917, that I saw her alive on August 31 1917, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. K. Jones M. D.

9-1-, 191.. (Address) 117 W. Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westview

DATE OF BURIAL, Sept 3, 1917

20-UNDERTAKER W. M. Saulsby

ADDRESS 1624 N

Ryals Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 8094

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

D 8094

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amalda Bias

(Residence in Baltimore: No. 1341 Pennsylvania Ave. St.; ..... yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) child

6-DATE OF BIRTH, February 5, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 26 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... child
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edward Forby.

11-BIRTHPLACE OF FATHER (State or Country), Penn.

12-MAIDEN NAME OF MOTHER Sadie Bias

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Libly

(Address) Johns Hopkins Hosp.

15- SEP 2 - 1917 ROBERT R. KRAUTER

Filed ....., 191.... (Clerk) Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 31st, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 30 1917, to Aug 31 1917, that I saw her alive on Aug 31 1917, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute intestinal indigestion

..... (Duration) ..... yrs. 4 hrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Marguerite Tyler M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1341 Pennsylvania Ave

19-PLACE OF BURIAL OR REMOVAL, Laurel Penn — DATE OF BURIAL, Sept 3, 191.7.

20-UNDERTAKER Wm R A Elliott — ADDRESS 506 East 7th

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8095 D 8095

CERTIFICATE OF DEATH.

REGISTERED NO. C 720

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 303 East Lafayette St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Effa A Kiel

(Residence in Baltimore: No. 303 East Lafayette St.; 29 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. Nov 17, 1883
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
33 yrs. 9 mos. 14 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Harford Co Md

PARENTS.

10-NAME OF FATHER. James F Neal

11-BIRTHPLACE OF FATHER (State or Country), Chester Co Pa

12-MAIDEN NAME OF MOTHER Ella Bicknell

13-BIRTHPLACE OF MOTHER (State or Country). York Co Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William N. Neal

(Address) 303 E Lafayette

15- SEP 2 - 1917 ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 31, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1st 1917, to Aug 31st 1917, that I saw h[er] alive on Aug 31st 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Endocarditis

Chronic Parenchymatous Nephritis

(Duration) 2 yrs. + mos. + ds.

CONTRIBUTORY (Secondary) Oedema & Dropsy

(Duration) yrs. 1 mos. ds.

(Signed) [illegible] M. D.

[illegible], 191.7. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Sept 3, 191.7
20-UNDERTAKER William Cook	ADDRESS 502 E North

Spec.—8-24-14—M. & T.—2000 Bks.

D 8096

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8096

CERTIFICATE OF DEATH.

109

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 N. Washington St., 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth G. Hoff

(Residence in Baltimore: No. 405 N Washington St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July 13, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Jacob Gill

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) X Rudolph Hoff

(Address) 405 N Washington

15- SEP 2 - 1917 ROBERT R. KRAUTER
Filed....., 191.... Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 1st, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 27 1917, to Sept 1 1917, that I saw her alive on Aug 31, 1917, and that death occurred, on the date stated above, at 1.30 m.

The CAUSE OF DEATH* was as follows:

Strangulated Umbilical Hernia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Strangulated Umbilical Hernia

(Duration) ....yrs. ....mos. 2 ds.

(Signed) [illegible] M. D.

Sept 1st, 191.7 (Address) 108 Hilbert

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Forest Lawn	Sept 3, 1917.
20-UNDERTAKER New York	ADDRESS 5020 North Ave

D 8097.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

165

D 8097.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland Gen Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph S. Mercer

(Residence in Baltimore: No. 3703 Park Heights Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March (Month) 13 (Day), 1885 (Year)

7-AGE, 32 yrs. 5 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hotel Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer): Caswell Hotel

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph P. Mercer

11-BIRTHPLACE OF FATHER (State or Country) Norfolk Va

12-MAIDEN NAME OF MOTHER Catharine Booth

13-BIRTHPLACE OF MOTHER (State or Country) St Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha J. Mercer

(Address) 3703 Park Heights

15- SEP 2 1917 191.... ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said.....(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Morphine poisoning - Taken per Instructions

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Whitehorn M. D. (Coroner.)

Sept. 1, 191 7 (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (a) MEANS OF INJURY; and (z) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
New Cathedral	Sept. 4, 1917

20-UNDERTAKER	ADDRESS
William Cook	501 E North Ave

IMPORTANT. See instructions on back of certificate.

Mary Smith

D 8098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 8098

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Little Lots 7 Pear, St. 10 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Smart

(Residence in Baltimore: No. Little 7 Pear St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May 25, 1843

7-AGE, 74 yrs. 5 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Pittsburg Pa.

PARENTS.

10-NAME OF FATHER, Patrick McGilvra

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary McGuigan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister in Law

(Address) Little 7 Pear

15-

Filed SEP 2 - 1917 191.

ROBERT R. KRAUSER
DEPUTY REGISTRAR
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 1, 191.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemiplegia Paralysis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) G. Lane Tuttle M. D.
(Coroner.)

Aug 1 191. (Address) 10 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Gordon Park — DATE OF BURIAL, Sept. 3., 1917

20-UNDERTAKER H. C. Windfield — ADDRESS 914 Greenmount Av

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8099

CERTIFICATE OF DEATH.

105 ✓

D 8099

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2101 Fairmount Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elenor Held

(Residence in Baltimore: No. 2101 Fairmount ave St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, January 16th, 1844
(Month) (Day) (Year)

7-AGE, 73 yrs. 7 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Christian Deubzer

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Bremer

(Address) 2101 Fairmount Ave.

15-

Filed SEP 2 - 1917, 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 27 1917, to Aug 31 1917, that I saw h.. alive on Aug 31 1917, and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

Senile Debility

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Kiernan M. D.

Aug 31, 1917. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Sept. 2nd, 1917.

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Mamie Green

D 8100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 8100

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1208 N Chester ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Green

(Residence in Baltimore: No. 1208 N Chester St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fmale

4-COLOR OR RACE: Colt

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Chas Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Emma Green

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jesse Green

(Address) 1208 N Chester

15- SEP 2 - 1917 ROBERT R. KRAUTER

Filed....., 191.... Clerk

Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug (Month) 30 (Day), 191 7 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Smith (Coroner.) M. D.

Aug 31, 191 7 (Address) 1108 E. Lex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Catto Cem — DATE OF BURIAL, Sept 3 191 7

20-UNDERTAKER J Hervey & Co — ADDRESS 2008 Pleasant

Spec.—8-24-14—M. & T.—2000 Bks.

D 8101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 ✓ D 8101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 S. Patterson Pk Ave St. 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Lurz

(Residence in Baltimore: No. 214 S. Patterson Pk Ave St.; 65 yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, January 1, 1848
(Month) (Day) (Year)

7-AGE, 65 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Potomac Hospital

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Maggie

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Raymond Lurz

(Address) 214 S. Patterson Pk. Ave

15-

Filed SEP 2 1917 191.....

ROBERT R. KRAUTH
Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1917, to Aug 26 1917, that I saw h[illegible] alive on Aug 26 1917, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pleurisy & Effusion
(Tuberculosis)

(Duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Aug 31, 1917. (Address) 444 N. Eutaw Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Sept. 3rd, 1917.

20-UNDERTAKER Lilly & Zeiler

ADDRESS 4008 Wash Blvd

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8102

CERTIFICATE OF DEATH.

64 D 8102

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 W. Preston St.; 11 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Lee Warner —

(Residence in Baltimore: No. 310 W. Preston St.; 51 yrs., 4 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, April 11 (Month) (Day), 1866 (Year)

7-AGE, 51 yrs. 4 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Bartender
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John Warner

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Maggie Steil

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Warner

(Address) 310 W. Preston

15- SEP 2 - 1917 ROBERT B. KRAUTER

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 31 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1917, to Aug 30 1917, that I saw h[illegible] alive on Aug 30 1917, and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) 1 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) Chas. H. Gilbert M. D.

Aug. 31., 191.. (Address) 1100 W. Lafayette Ave.,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, Sept 3, 1917

20-UNDERTAKER Geo. Weber & Son | ADDRESS 2503 Edmondson Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8103 104 D 8103

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Zalinski

(Residence in Baltimore: No. 621 S. Bethel St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, August 6, 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. 27 mos. ....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Walter Zalinski

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Elizabeth Staczyaski

13-BIRTHPLACE OF MOTHER (State or Country), Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15. SEP 2 - 1917 ROBERT R. KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 2, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 29 1917, to Sept 2 1917, that I saw h.. alive on Sept 2 1917, and that death occurred, on the date stated above, at 3 15 a. m.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal indigestion

(Duration) 0 yrs. 0 mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry B. Cowgill M. D.

Sept. 2, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 621 S. Bethel St

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cemetery

DATE OF BURIAL, Sept. 4, 191..

20-UNDERTAKER Jacob Fischkrantz

ADDRESS 4285 Bonita

Spec.—8-24-14—M. & T.—2000 Blks.

D 8101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 8101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 Woodall St.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernadine Weiland

(Residence in Baltimore: No. 1431 Woodall St. St.; ..... yrs., 2 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 3, 1917 (Month) (Day) (Year)

7-AGE, ... yrs. 2 mos. 30 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Edward Weiland

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Marie Hepping

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Weiland

(Address) 1431 Woodall St.

15-

Filed SEP 2 - 1917, 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 1, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 5 1917, to Sept 1 1917, that I saw h[illegible] alive on Sept 1 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Mal-Nutrition

(Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) R. E. Campbell M. D.

Sept 1, 191.. (Address) 1614 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, Sept 2, 1917.

20-UNDERTAKER M. L. Flynn

ADDRESS 1412 Light St

Blk.—8-14-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8105

CERTIFICATE OF DEATH.

5 D 8105

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 Dilmon ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Lucia Clark

(Residence in Baltimore: No. 1036 Dilmon Court St.; ....yrs., ...mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
fem	col.	Infant

6-DATE OF BIRTH, aug 22, 1917
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 12 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Premature
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant.

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Am Clark

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Fannie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Elsie Clark

(Address)..... 1036 Dilmon

15- J. Wilson Crawford
Filed..... 191.. Registrar.

SEP 2 - 1917 ROBERT R. FRASER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 1917, to Sept 2 1917, that I saw h.. alive on Sept 1 1917, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Wilson Crawford M. D.

Sept 2, 1917. (Address) 1518 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL,
St Peters	Sept 2, 1917

20-UNDERTAKER	ADDRESS
Edward Ringgold	1463 N. Carey

Spec.—8-14-14—M. & T.—2000 Blks.

D 8106 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 42 D 8106

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Calvert St. St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Clark Corcoran

(Residence in Baltimore: No. 22 21 N. Calvert St. St.: 16 yrs., 10 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, October 6, 1900, (Month) (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
16 yrs. 10 mos. 25 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John S. Corcoran

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co., Md.

12-MAIDEN NAME OF MOTHER Katherine Davis

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John S. Corcoran

(Address) 2221 N. Calvert St.

15- Filed SEP 2 - 1917, 191.... ROBERT R. KRAUTER Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 31 1917, to Sept 1 1917, that I saw him alive on Sept 1 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Same

(Duration) yrs. mos. ds.

(Signed) Waitman F. Finn M. D.

Sept. 2, 1917 (Address) 7 E. Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral Cemetery	Sept. 5, 1917
20-UNDERTAKER	ADDRESS
Wm. W. Deaver & Son	705 N. Calvert St.

Spec.—8-24-14—M. & T.—2000 llks.

D 8107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

D 8107

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE: (No. John Hopkins Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie G. Riley

(Residence in Baltimore: No. 1928 Pennsylvania Ave St.; ..... yrs. ..... mos. ..... dys.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ... Dec (Month) 9th (Day) 1915 (Year)

7-AGE, ... 1 yrs. 8 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Lawrence C Riley

11-BIRTHPLACE OF FATHER (State or Country)? Md

12-MAIDEN NAME OF MOTHER Annie Ward

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Riley

(Address) 1928 Pennsylvania Ave

15-

Filed SEP 2 - 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug 31st (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 30th 1917, to Aug 31st 1917, that I saw her alive on Aug 31st 1917, and that death occurred, on the date stated above, at 5.50 P m.

The CAUSE OF DEATH* was as follows:

.....ilio-colitis.....

.....

.....

..... (Duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) —

..... (Duration) — yrs. — mos. — ds.

(Signed) Margaret Tyler M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery DATE OF BURIAL SEP 3 - 1917, 191...

20-UNDERTAKER Geo A Gerber ADDRESS Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

D 8108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 8108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 N. Eutaw ST.; 11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Flora L. Jackson

(Residence in Baltimore: No. 928 N. Eutaw St.; 23 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Aug (Month) 3d (Day), 1894 (Year)

7-AGE,	If LESS than 1 day,
23 yrs. — mos. 28 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert Duncan

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Addie Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Addie Duncan

(Address) 928 N. Eutaw St.

15-

SEP 2 - 1917 Filed....., 191.....

ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August (Month) 31st (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 28 1917, to Aug 31 1917, that I saw h[illegible] alive on August 29 1917, and that death occurred, on the date stated above, at 8:30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia (Duration) 7 yrs. 1 mos. — ds.

(Signed) Edward E. Mackenzie M. D.

Sept 2, 1917. (Address) 1329 W. Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lorraine Cemetery	Sept 5, 1917
20-UNDERTAKER John A. Bushey	ADDRESS 1107 Mc[illegible] Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 8109

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8109

CERTIFICATE OF DEATH.

+ 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lenora Leppien

(Residence in Baltimore: No. 729 Linwood Ave. Roland Pk. ft. ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 25 (Day) 1917 (Year)

7-AGE, ...yrs. 2 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Clarence Leppien

11-BIRTHPLACE OF FATHER (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER Minnie Waddell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Pleil

(Address) Johns Hopkins Hosp.

15- SEP 3 · 1917 HARRY O. ANDREWS

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 30 1917 to Sept 1 1917, that I saw her alive on Sept 1, 1917, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Gastric Indigestion

(Duration).....yrs. 7 mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Henry B. Conrad M. D.

Sept 1, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State .....yrs. ~ mos. ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 729 Linwood Ave. Roland Pk

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem

DATE OF BURIAL, 9-3-17

20-UNDERTAKER Robert Brooks & Son

ADDRESS 17 S. Calhoun St

Spec.—8-24-14—M. & T.—2000 Bks.

D 8110

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8110

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 E. 20th St., St.; 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs James Frisby

(Residence in Baltimore: No. 12 E 20th St.

St.; X yrs.. X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored A. A.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH. X? (Month) X? (Day) 1861 (Year)

7-AGE, 56 yrs. X mos. X ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Laborer (b) General nature of industry, business, or establishment in which employed (or employer). X

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Moses Frisby

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Effy +?

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Her Daughter Jennie Tenby

(Address) 12 E. 20th St.

15-

Filed SEP 3 - 1917, 191... HARRY O. ANDREWS Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Aug. 31st 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 30 1917, to Aug 31 1917, that I saw h[illegible] alive on Aug 31, 1917, and that death occurred, on the date stated above, at 5 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

and Acute Nephritis

X (Duration) X yrs. X mos. X ds.

CONTRIBUTORY (Secondary) General Exhaustion

X (Duration) X yrs. X mos. X ds.

(Signed) George L. Ha[illegible] M. D.

8/31/17 191... (Address) 1628 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? At work for spouse

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Dist-Laurton Cem	Sept-3..., 191.7.
20-UNDERTAKER	ADDRESS
Wm R A Elliott	504 East-14

Spec.—8-24-14—M. & T.—2000 Bks.

D 8111

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8111

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Amend

(Residence in Baltimore: No. 3 days St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) child

6-DATE OF BIRTH, November (Month) ....., 1916. (Day) (Year)

7-AGE, ...yrs. 9 mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Joseph P Amend

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mabel E Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R Libby

(Address) Johns Hopkins Hosp

15-

Filed SEP 2 1917, 191.....

HARRY O. ANDERS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 28 1917, to Sep 1 1917, that I saw h[im] alive on Sep 1 1917, and that death occurred, on the date stated above, at 6 40 m.

The CAUSE OF DEATH* was as follows:

Intestinal indigestion, acute

acid chronic

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Margaret Tyler M. D.

Sept 1, 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1644 N Gay St

Former or usual residence St Vincent de Paul Society

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, Sept 4 1917.

20-UNDERTAKER H C Sanders & Sons

ADDRESS 1710 E Lut St

Spec.—8-24-14—M. & T.—2000 Bks.

D 8112

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

D 8112

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 Belnord ST.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A Newman

(Residence in Baltimore: No. 1830 Belnord St. — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct 25, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), MD

PARENTS.

10-NAME OF FATHER, James Newman

11-BIRTHPLACE OF FATHER (State or Country), MD.

12-MAIDEN NAME OF MOTHER Elizabeth Mill

13-BIRTHPLACE OF MOTHER (State or Country), MD.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Newman

(Address) 1830 Belnord

15-

Filed SEP 3 - 1917, 191.... HARRY C. [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1917, to Sept 2 1917, that I saw h[illegible] alive on Sept 2 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. 2 ds.

(Signed) R. E. Caulfield M. D.

Sept, 191.. (Address) 16 E Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Sept 4, 1917
20-UNDERTAKER	ADDRESS
Thos J. E[illegible] & Sons	1430 E Chase

28

Spec.—8-24-14—M. & T.—2000 Bks.

D 8113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 8113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Patapsco ST.; 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Neuremburg

(Residence in Baltimore: No. 1616 Patapsco St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	White	Sing

6-DATE OF BIRTH, Sept 1, 1917
(Month) (Day) (Year)

7-AGE, ...yrs...mos...ds. If LESS than 1 day, 18 hrs. or...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER Andrew Neuremburg

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Cornelia Balen

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Neuremburg

(Address) 1616 Patapsco St.

15-

Filed SEP 3 1917 HARRY C. ARMIGER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1917, to Sept 2 1917, that I saw h alive on Sept 2 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth
3 mos Uterogestation

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs...mos...ds.

(Signed) R. L. Campbell M. D.

Sept 2, 1917. (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park mod — DATE OF BURIAL, Sept 3, 1917.

20-UNDERTAKER Mrs J. E. Swarts Son — ADDRESS 1428 Pitcher St.

10

D 8111

HEALTH DEPARTMENT--CITY OF BALTIMORE

1 PLACE OF DEATH

CERTIFICATE OF DEATH

119 ✓ D 8111

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1134 Shields St. WARD 17)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Williams

(Residence in Baltimore: No. 1134 Shields St. St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Fem	Col.	Married

6-DATE OF BIRTH: July 2 (Month) (Day), 1863 (Year)

7-AGE: 54 yrs. 1 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): — at Home

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Jno. Leaford

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Williams

(Address) 1134 Shields St

15

Filed SEP 3 1917, 191 HARRY [illegible] REGISTRAR

State CAUSE OF DEATH in plain ... is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug 31 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 6, 1917, to, Aug 31 1917, that I saw h[illegible] alive on Aug 30, 1917, and that death occurred, on the date stated above, at 7.20 a.m. The CAUSE OF DEATH* was as follows:

Tbc. Peritonitis

(Duration) yrs. 4 mos. ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Frank Gilbert M. D.

Aug 31, 1917 (Address) 516 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Zion — DATE OF BURIAL: Sept 3, 1917

20-UNDERTAKER: Daniel Easter — ADDRESS 916 Dunmore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8115

D 8115

CERTIFICATE OF DEATH.

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Oxford St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Tate

(Residence in Baltimore: No. 503 Oxford St.; yrs., 4 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: April 4, 1917. (Month) (Day) (Year)

7-AGE: ....yrs. 4 mos. 29 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Dalla Md

PARENTS.

10-NAME OF FATHER: Arthur Tate

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Mattie Collins

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mabel Tate

(Address) 503 Oxford St.

15- Filed SEP 3 - 1917, 191.... HARRY O. ANDREWS Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 2, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1 1917, to Sept. 2 1917, that I saw him alive on Sept 2 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tubercu-
losis,

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. 3 mos. ....ds.

(Signed) Geo H. Tomkins M. D.

Sept 3, 191.7 (Address) 1019 Hunt Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Sept 4, 191.7.

20-UNDERTAKER Daniel Easton ADDRESS 916 Penna ave

D 8116

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 8116

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1713 Vine St. WARD) 19

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Scott

(Residence in Baltimore: No. 1713 Vine St. St.; 1 yrs. 9 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov - 7 - 1915 (Month) (Day) (Year)

7-AGE: 1 yrs. 9 mos. 25 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION (a) Trade, profession or particular kind of work: (Child)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Leonard Scott

11-BIRTHPLACE OF FATHER (State or country): Balto md

12-MAIDEN NAME OF MOTHER: Beatrice Galloway

13-BIRTHPLACE OF MOTHER (State or country): Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leonard Scott

(Address) 1713 Vine St

15- SEP 3 - 1917 HARRY O. ANDREWS Burial Permit Clerk

Filed ....., 191 ..... REGISTRAR

TION is very important. See that

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept - 1 - 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1917, to Sept 1, 1917, that I saw h.r alive on Sept 1, 1917, and that death occurred, on the date stated above, at 8.15 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) — yrs — mos. 4 ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. C. Luck M.D.

Sept 1, 1917 [Address] 1317 N. Paca St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn cemetery — DATE OF BURIAL: Sept 4, 1917

20-UNDERTAKER: F. B. Pyle — ADDRESS: 1028 Mulberry

Spec.—8-24-14—M. & T.—2000 Blks.

D 8117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 D 8117

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert & Saratoga ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Frisby

(Residence in Baltimore: No. 358 Davis St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M.

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 12, 1894 (Month) (Day) (Year)

7-AGE, 22 yrs. 8 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Driver
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jno. Frisby

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ida Hawkins

13-BIRTHPLACE OF MOTHER (State or Country), Wash. DC

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Frisby

(Address) Cor. Pine and J. Jeffries Ave

15-

Filed SEP 3 - 1917, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 30, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 5 1917, to Aug 30 1917, that I saw him alive on Aug 30 1917, and that death occurred, on the date stated above, at 8.45 P.m.

The CAUSE OF DEATH* was as follows:

Septicemia Cirrhosis of Liver

(Duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(Duration) yrs. 1 mos. 17 ds.

(Signed) Howard D. Smith M. D.

, 191... (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 25 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 358 Davis St.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cem'y — DATE OF BURIAL, Sept 4th, 1917.

20-UNDERTAKER Felix B Pyle — ADDRESS 104 E Madison St

Spec.—8-1-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8118

CERTIFICATE OF DEATH.

120 D 8118

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 E. LaFayette Ave. St.; 8 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Ann Sanderson.

(Residence in Baltimore: No. 1505 E. LaFayette Ave. St.; 58 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, About ---------- (Month), ... (Day), 1859 (Year)

7-AGE, About 58 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) None.

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, John Sanderson

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Margaret Bond

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Sanderson, (brother)

(Address) 1505 E. LaFayette Ave.

15-

Filed ....., 191.. HARRY C. [illegible]
SEP 3 - 1917 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Aug. 31 (Day), 191.. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 29th 191.. to Aug 31st 191.., that I saw h.. alive on Aug 31st 191.., and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

..... Heart Failure.....

.....

.....

..... (Duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) Locomotor Ataxia

..... (Duration) 1 yrs. .....mos. .....ds.

(Signed) ..... M. D.

Sept 1st 1917 (Address) 654 Columbus

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ---------- yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ----------

Former or usual residence ----------

19-PLACE OF BURIAL OR REMOVAL. Green Mount Cemetery.

DATE OF BURIAL. Sept. 3/17 191...

20-UNDERTAKER Stewart & Mowen Com'y.

ADDRESS 108W. NorthAv.

Spec.—8-24-14—M. & T.—2000 Bks.

D8119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D8119 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3150 Leed ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad G. Kamp

(Residence in Baltimore: No. 3150 Leed St., Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 10 (Day), 1917 (Year)

7-AGE, yrs. 2 mos. 21 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Kamp

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Reinhardt

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Kamp

(Address) 3150 Leed St.

15- Filed SEP 3 - 1917, 191... HARRY O. ANDREWS Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 28 1917, to Sept 1 1917, that I saw h alive on Sept 1 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilated Colitis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. A. Kuell M. D.

Sept 2., 1917. (Address) Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Western Cem. DATE OF BURIAL, Sept. 3., 1917

20-UNDERTAKER C. W. Dill ADDRESS 3109 Fredk. Ave,

Spec.—8-24-14—M. & T.—2000 Blks.

D 8120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

D 8120

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 404 West 25th ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John McDowell

(Residence in Baltimore: No. 404 West 25th St.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 7 (Day), 1917 (Year)

7-AGE, ...yrs. 4 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Simone McDowell

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Alva Phillips

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alva McDowell

(Address) 404 W. 25th Street

15- SEP 3 - 1917 Filed....., 191.... HARRY C. ARMS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1st 191 7, to Sept. 2 191 7, that I saw him alive on Sept 1st 191 7, and that death occurred, on the date stated above, at 10 15 a m.

The CAUSE OF DEATH* was as follows:

Inanition

(Duration) ....yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. 3 mos. ....ds.

(Signed) Robert Lockard M. D.

Sept 2, 191 7 (Address) 211 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, Sept 4, 191 7

20-UNDERTAKER William Cook — ADDRESS 502 S North Ave

Spec.—8-24-14—M. & T.—2000 llks.

D 8121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 8121

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1904 Eden St ST.; 13 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Marie Welsh

(Residence in Baltimore: No. 1904 Eden Street life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 16 (Day), 1917 (Year)

7-AGE, yrs. 0 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William H Welsh

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Barter

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) William H Welsh
(Address) 1904 Eden St

15-

Filed SEP 3 1917 191 HARRY C. ARMS
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 2 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 27th 1917, to Sept 2 1917, that I saw her alive on Sept 1st 1917, and that death occurred, on the date stated above, at 10.00 a.m.

The CAUSE OF DEATH* was as follows:
Entero-colitis
(Duration) yrs. 1 mos. 6 ds.
CONTRIBUTORY (Secondary) Milk Gummer heat &c
2. (Duration) yrs. mos. ds.
(Signed) Thomas W. Keown M. D.
Sept 2, 1917. (Address) 1938 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery
DATE OF BURIAL, Sept 3, 1917.

20-UNDERTAKER William Cook
ADDRESS 502 E North

Spec.—8-24-14—M. & T.—2000 Blks.

D 8122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 8122

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1440 Montpelier St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Randall Bissell

(Residence in Baltimore: No. 1440 Montpelier St.; .....yrs. 7 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, August 2nd, 1909 (Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo F Bissell

11-BIRTHPLACE OF FATHER (State or Country), Mass.

12-MAIDEN NAME OF MOTHER Miranda Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Geo. F. Bissell

(Address) 1440 Montpelier St

15-

Filed SEP 3 - 1917, 191..... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 1st, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 8th 1917, to Sept 1st 1917, that I saw her alive on Sept 1st 1917, and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration).....yrs. 2 mos.....ds.

CONTRIBUTORY (Secondary) Diet.

(Duration).....yrs.....mos.....ds.

(Signed) Geo Burgermyer M D.

Sept 1st 1917 (Address) 2537 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Weiss's Cemetery Balto Co. DATE OF BURIAL, Sept 3rd, 1917

20-UNDERTAKER, Henry Hoeck & Son ADDRESS 1301 E Eager St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 8123

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8123

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 N Appleton ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Murray Parker

(Residence in Baltimore: No. 1022 N Appleton St.; ..... yrs., 4 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 29 (Day) 1917 (Year)

7-AGE, ... yrs. 4 mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Royal D Parker

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Helen A. McFee

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Royal D. Parker

(Address) 1022 N. Appleton St

15-

SEP 3 - 1917

Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 3 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 25 1917, to Sept 3 1917, that I saw him alive on Sept 3 1917, and that death occurred, on the date stated above, at 1 10 p.m.

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Asthenia

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Leonard McCusker M. D.

Sept 3, 1917. (Address) 1114 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Sept 5, 1917

20-UNDERTAKER Henry Horsch & Son — ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Blks.

D 8124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 8124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Andrea ST.: 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Puciato

(Residence in Baltimore: No. 1412 Andrea St.; yrs., 6 mos., 2 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb. (Month) 4 (Day), 1911 (Year)

7-AGE,	If LESS than 1 day,
yrs. 6 mos. 15 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER. Guy Puciato

11-BIRTHPLACE OF FATHER (State or Country), Poland.

12-MAIDEN NAME OF MOTHER Annie Montwich

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Puciato

(Address) 1412 Andrea

15-

Filed SEP 3 - 1917, 191.. HARRY C. [illegible] Registrar.

BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~8~~ 9 - 2 - 17 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 8 - 18 1917, to 9 - 2 1917, that I saw h er alive on 9 - 1 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Diarrhea & Enteritis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY, (Secondary) Acute Feeding (Duration) yrs. mos. ds.

(Signed) A. Piro M. D.

9 - 3, 1917. (Address) 1520 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cem	9 - 4, 1917
20-UNDERTAKER	ADDRESS
J. Fow McCully	1306 E. Fort.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8125

CERTIFICATE OF DEATH.

64 D 8125

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Men & Women's Home 14th WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Miles

(Residence in Baltimore: No. 1622 Druid Hill St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1842 (Year)

7-AGE, 75 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Griffin Ga

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sula Miles

(Address) 1622 Druid Hill ave.

15-

Filed SEP 3 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1917, to Sept 1 1917, that I saw her alive on Sept 1 1917, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(Duration) ...yrs. ...mos. 15 ds.

CONTRIBUTORY (Secondary) Cerebral Hemmorrhage

(Duration) ...yrs. ...mos. 15 ds.

(Signed) Chas. V. Fitzgerald M. D.

9/2, 1917. (Address) 105 Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 20 yrs. — mos. — ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? Aged Men & Women Home

Former or usual residence Aged Men & Women Home

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn Cem	Sept 3, 191..
20-UNDERTAKER John H. Toadvine	ADDRESS 1420 W. Pratt St

D 8126 HEALTH DEPARTMENT—CITY OF BALTIMORE D 8126

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C 64

CITY OF BALTIMORE (No.) Western Maryland R.R.Co.Coal Pier. ST.: Port Covington. WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wilson.(C)

(Residence in Baltimore: No. 940 Warner St. St.: yrs. 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	Colored.	Married.

6-DATE OF BIRTH, Do not know. (Month) (Day) 1 (Year)

7-AGE. 55 yrs. 55 — mon. — ds. | If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Coal trimmer.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Virginia.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country) Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Wilson.(C)wife.

(Address) 940 Warner St.

15- HARRY C. ANDREWS

Filed Sept. 1917 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 30th. 1917. (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ...

(Duration) ...yrs. ...mos. ...ds.

(Signed) Otto M. Leonhardt (Coroner) M. D.

Aug.31,1917. (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Sept 3, 1917
20-UNDERTAKER John H Toadvine	ADDRESS 142 Lusick

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8127

CERTIFICATE OF DEATH.

104

D 8127

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Hoodley ST. 16 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy G. O'Keefe

(Residence in Baltimore: No. 1108 Hoodley St.; .....yrs. 9 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, November 15, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph O'Keefe

11-BIRTHPLACE OF FATHER (State or Country), Phila, Pa.

12-MAIDEN NAME OF MOTHER Alma Bruder

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Joseph O'Keefe

(Address) 1108 Hoodley St.

15- [illegible]

Filed SEP 3 1917 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 2, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 31 1917, to Sept 2, 1917, that I saw her alive on Sept. 2, 1917, and that death occurred, on the date stated above, at 10.00 A.m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

..... (Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) John D. Quinn M. D.

Sept. 2 1917. (Address) 1507 N. Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Patricks — DATE OF BURIAL, Sept 3, 1917

20-UNDERTAKER Thomas Gore — ADDRESS 1223 N. Eutaw St

D 8128

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. 104 — D 8128

CITY OF BALTIMORE (No. 111 S. Collington ave St.: ... Ward) 1

2 FULL NAME William Miller

(Residence in Baltimore: No. 111 S. Collington ave St.: ...) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(yrs. 2 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): infant

6 DATE OF BIRTH: June (Month) 12 (Day), 1917 (Year)

7 AGE: ... yrs. 2 mos. 20 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9 BIRTHPLACE (State or country) Maryland

PARENTS

10 NAME OF FATHER Harry Miller

11 BIRTHPLACE OF FATHER (State or country) Phila. Pa.

12 MAIDEN NAME OF MOTHER Miller

13 BIRTHPLACE OF MOTHER (State or country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Miller

(Address) 111 S. Collington.

15 ...

Filed SEP 3 - 1917 ... HARRY ... Burial Permit ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept (Month) 2 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1917. to. Sept. 2 1917. that I saw him alive on Sept. 2, 1917. and that death occurred, on the date stated above, at 6 p.m.
The CAUSE OF DEATH* was as follows:

Entero-Colitis

(Duration) ... yrs. ... mos. 14 ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Herman Seidel M. D.

Sep. 2 - 1917 (Address) 1931 E. Pratt st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Trinity Cem. Mt Carmel Road — DATE OF BURIAL: 9/3 1917

20 UNDERTAKER: Jack Lewis — ADDRESS: 1411 E. Baltimore

State CAUSE OF DEATH in plain words. Omission of essential facts is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 8129

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1625 N. Dallas St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gaughn,

(Residence in Baltimore: No. 1625 N. Dallas St.) (If not in Baltimore, give STATE.) yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, July 8, 1843
(Month) (Day) (Year)

7-AGE, 74 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland,

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Gaughn

(Address) 1625 N. Dallas St.

15- HARRY [illegible]

Filed SEP 3 1917 191... Burial Permit Clerk
Registrar.

CAUSE OF DEATH is important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 31, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) [signature] M. D.
(Coroner.)

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Sept 4, 1917
20-UNDERTAKER	ADDRESS
Albert E Faulk	721 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

D 8130

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8130

CERTIFICATE OF DEATH.

150

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Rena Paul Lyons

(Residence in Baltimore: No. 536 No. Gilmor St.; yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, (Month) Sept. (Day) 3 (Year) 1917

7-AGE, yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: baby
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Mark Lyons

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Flora Price

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mark Lyons

(Address) 536 N. Gilmor St

15-

Filed SEP 3 - 1917, 191.... HARRY [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Sept (Day) 3 (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from Sept. 2 - 1917, to Sept. 3 - 1917, that I saw h[illegible] alive on Sept. 2 - 1917, and that death occurred, on the date stated above, at 5.50 A m.

The CAUSE OF DEATH* was as follows:

Transition

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocardial Insuff-

ficiency (Duration) yrs. mos. 1 ds.

(Signed) Hunter M. D.

9/3, 191[illegible] (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 536 N. Gilmor

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem — DATE OF BURIAL, Sept 3, 191[illegible]

20-UNDERTAKER Gondkeun & Son — ADDRESS 1810 W. Royal Ave

Spec.—8-24-'14—M. & T.—2000 Blks.

D 8131

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8131

CERTIFICATE OF DEATH.

89

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Forrest ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Cecilia Dugan

(Residence in Baltimore: No. 1112 Forrest St.; 3 yrs., 2 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: June (Month) 12th (Day), 1914 (Year)

7-AGE: 3 yrs. 2 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER: Thomas L Dugan

11-BIRTHPLACE OF FATHER (State or Country): Balto City

12-MAIDEN NAME OF MOTHER: Mary E. Dalton (Foster)

13-BIRTHPLACE OF MOTHER (State or Country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas L. Dugan

(Address) 1112 Forrest st

15-

Filed SEP 3 - 1917, 191.....

HARRY C. ARMS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 3d (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27th 1917, to Sept 3d 1917, that I saw h[er] alive on Sept 2nd 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows: Bronchitis

Catarrhal

..... (Duration) ..... yrs. Wks 15 mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

..... (Duration) 2 yrs. Practical mos. ..... ds.

(Signed) H. Walter Dugan M. D.

Sept 3d, 191.7 (Address) 6 E. Jo. Chas St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Sept 5th, 191.7

20-UNDERTAKER Geo M. Pinks ADDRESS 811 N. Wolfe

Form.—8-24-14—M. & T.—2000 Blks.

D 8132 HEALTH DEPARTMENT—CITY OF BALTIMORE D 8132

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St.; ... WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Huber

(Residence in Baltimore: No. Middle River Md St.; (If under 1 year, ... yrs., ... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Unknown (Month) 1 (Day) (Year)

7-AGE, 18 yrs. mos. da.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Copper Works

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Huber

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Huber

(Address) Middle River Md

15-

Filed SEP 3 - 1917 191... HARRY C. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 1st (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1917, to Sept 1 1917, that I saw him alive on Sept 1 1917, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Typhoid

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Typhoid

(Duration) ... yrs. ... mos. 20 ds.

(Signed) W. Todd Semmes M. D.

9-1-, 191.7 (Address) Franklin Sq Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 16 da. In the State Life yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? Residence

Former or usual residence Middle River Md

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, Sept 3rd, 1917

20-UNDERTAKER Christian Miller — ADDRESS 233 ... Street

D 8123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

D 8123

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1033 Edmondson St 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Catherine Winters

(Residence in Baltimore: No. 1033 Edmondson St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~ (write the word): Widow

6 DATE OF BIRTH: Nov 15, 1843 (Month) (Day) (Year)

7 AGE: 73 yrs. 9 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): County Armagh ~~Ireland~~ Ireland

PARENTS

10 NAME OF FATHER: Charles

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Joffney

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. C. Winters.
(Address) 2106 N. Smallwood St

15
Filed SEP 3 - 1917
HARRY C. [illegible]
Burial Permit Clerk
REGISTRAR

State CAUSE OF DEATH in plain terms. Indefinite answers are worthless. Omissions will delay certificate. It is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September 2, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1917, to Sept. 2 1917, that I saw her alive on Sept. 1st, 1917, and that death occurred, on the date stated above, at 2 A. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Contusion Cranio

(Duration) 5 yrs. — mos. — ds

Contributory (SECONDARY) Neurasthenia Senilis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), J. F. Alexander M. D.

Sept 3, 1917 (Address) 1012 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: 9-4-1917

20 UNDERTAKER: H. C. Branning & Son — ADDRESS: 517 N. Schroeder St

Epsc—5-19-13—M & T—500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8131 D 8131

CERTIFICATE OF DEATH.

42

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Mc Henry Street ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Mary E. Kennard

(Residence in Baltimore: No. 1504 McHenry St.; 46 yrs., 7 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	married

6-DATE OF BIRTH, ... Jan (Month) 31 (Day), 1871 (Year)

7-AGE, 46 yrs. 7 mos. 0 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housework .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, G.B. Riney

11-BIRTHPLACE OF FATHER (State or Country), Frederick, Md.

12-MAIDEN NAME OF MOTHER Catherine Sheehan,

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J.T. Scorgin,

(Address) 1504 McHenry ST.

15- HARRY C. ANDREW.

Filed SEP 3 - 1917 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug (Month) 31 (Day), 191 7 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 191 7, to Aug 31 191 7, that I saw her alive on Aug. 31 191 7, and that death occurred, on the date stated above, at 8. 20 m.

The CAUSE OF DEATH* was as follows:

Cancer of the uterus, vagina and rectum.

..... (Duration) ...2... yrs. ...5... mos. ...0... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R Blakeson M. D.

9-1-17, 191... (Address) 1039 Hilton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters	Sept 4, 191 7
20-UNDERTAKER	ADDRESS
John J Fields	1200 W Lombard

CAUSE OF DEATH important. See instructions on back of certificate.

D 8135

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

D 8135

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1327 Ramsay St.; 19 Ward)

2 FULL NAME Edna Kirby (Kirby)

(Residence in Baltimore: No. 1327 Ramsay St.; yrs. 9 mos. 11 ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Nov (Month) 19 (Day), 1917 (Year)

7 AGE: ..... yrs. 9 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: Chas Kirby

11 BIRTHPLACE OF FATHER (State or country): Balto

12 MAIDEN NAME OF MOTHER: Jennie Semple

13 BIRTHPLACE OF MOTHER (State or country): Washington

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jennie Kirby

(Address) 1327 Ramsay st

15. Filed SEP 3 - 1917 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. Name of disease alone is not sufficient. Omission to state the necessary facts as directed will delay burial certificate. This is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 31 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 15, 1917, to. August 31 1917, that I saw him alive on August 31, 1917, and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enterstan

..... (Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Duration & Shock

..... (Duration) ..... yrs. ..... mos. 20 ds.

(Signed) Stylard Davis M. D.

Sept 2, 1917. (Address) 527 Columbia st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore	Sept 4, 1917

20 UNDERTAKER	ADDRESS
Wm Fields	120 N. Lombard

Spec.—8-24-14—M. & T.—2000 Blks.

D 8136

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

D 8136

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Sarah Ann St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Boa

(Residence in Baltimore: No. 1113 Sarah Ann St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.) Infant

6-DATE OF BIRTH, June 9th, 1917
(Month) (Day) (Year)

7-AGE, ..yrs. 2 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Boa

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Stone

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Sutton

(Address) 1113 Sarah Ann St.

15-

Filed SEP 3 - 1917, 191.... HARRY C. ANDREWS, Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 1st, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1917, to Sept 1st 1917, that I saw h[er] alive on Sept 1st 1917, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(Duration).....yrs.....mos. 2 ds.

CONTRIBUTORY.....
(Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) A B Hodson M. D.

9/2, 191.. (Address) 117 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Sept 3, 1917.

20-UNDERTAKER Broomell Ireland & Schnader — ADDRESS 114 N

Spec.—8-24-14—M. & T.—2000 Bks.

8137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 8137

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 Harford Ave. St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Weindl

(Residence in Baltimore: No. 904 Harford Ave St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) 17th (Day) 1869 (Year)

7-AGE, 48 yrs. 3 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home.....

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Ludwig Zaukl.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Weindl

(Address) 904 Harford Ave

15-

Filed SEP 3 1917, 191.....

HARRY C. ANDREWS
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 1st (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1, 1917, to Sept 1, 1917, that I saw h[illegible] alive on Sept 1, 1917, and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 16 yrs. ~~7 mos.~~ ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) John Wade M. D.

Sept 2, 1917 (Address) 2365 Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer Cem.	Sept 4th, 1917
20-UNDERTAKER Tully & Feiler.	ADDRESS 403 E. Monument

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8138

CERTIFICATE OF DEATH.

104 D 8138

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 Allan Ave. St.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert McDonald Carter.

(Residence in Baltimore: No. 2706 Allan Ave. St.; ....yrs., 8 mos. 5 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White	Single

6-DATE OF BIRTH. December 28, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore, Maryland.

PARENTS.

10-NAME OF FATHER. Charles Wesley Carter

11-BIRTHPLACE OF FATHER (State or Country) Baltimore, Maryland.

12-MAIDEN NAME OF MOTHER Bessie Smith

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore, Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. R. Emmerson.

(Address) 2704 Allen Ave.

15- Filed SEP 8 - 1917 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept 2nd, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 29 1917, to Sept 2 1917, that I saw him alive on Sept 1 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Dr. Mc Donnell

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Gastro-Enteritis

(Duration) ....yrs. 1 mos. ....ds.

(Signed) H G Donnell M. D.

Sept 2, 1917. (Address) 1235 N Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Olivet Cem	Sept. 4, 1917.

20-UNDERTAKER	ADDRESS
Wm J. Tickner & Son	154 N Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D8139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D8139

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 S Castle ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josef Wisniewski

(Residence in Baltimore: No. 236 S Castle St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ...July.... (Month) ....3.... (Day), 1855 (Year)

7-AGE, ...62 yrs. 2 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Marcin Maciejajewski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Cathrin Maciejajewski

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Wisniewski

(Address) 236 S Castle

15-

Filed Sept 4/17, 191.7

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Aug.... (Month) ....1.... (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1917, to Aug 1 1917, that I saw h[er] alive on Aug 1 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Pyloric Cancer

(Duration) ....yrs. ....mos. 1 ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J Blentum M. D.

Aug 1, 191.7 (Address) 160 Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary — DATE OF BURIAL, Sept 4, 191.7

20-UNDERTAKER Wendell Riffelsen — ADDRESS 378 Pa

Spec.—8-24-14—M. & T.—2000 Bks.

DUPLICATE D 8139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 8139

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 S Castel St.; V Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jozefa Wisniewska

(Residence in Baltimore: No. 236 S Castel St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 3 (Day) 1862 (Year)

7-AGE, 55 yrs. 2 mos. ....ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) 037

9-BIRTHPLACE, (State or Country). Poland

PARENTS.

10-NAME OF FATHER, Marcha Maciejhajewski

11-BIRTHPLACE OF FATHER (State or Country). Poland

12-MAIDEN NAME OF MOTHER Cathrine Maciejhajewska

13-BIRTHPLACE OF MOTHER (State or Country). Poland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) John Wisniewski

(Address) 236 S. Castle

15-

Filed SEP 4 - 1917 191.... ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1917, to Sept 3 1917, that I saw her alive on Aug 29 1917, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Pylorus Cancerous

Intestinal

(Duration) ....yrs. ....mos. 16 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

Sept 6, 191.. (Address) 16 S Bentz

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St Mary Immaculate Rd

DATE OF BURIAL, Sept 11, 1917

20-UNDERTAKER Wendel Riffle & Co

ADDRESS 378 Penn

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8140

CERTIFICATE OF DEATH.

104 D 8140

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 824 Eastern ave ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Baccigalupi

(Residence in Baltimore: No. 824 Eastern ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Infant

6-DATE OF BIRTH, February (Month) 27 (Day), 1917 (Year)

7-AGE.	If LESS than 1 day,
....yrs. 6 mos. 8 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Louis L Baccigalupi

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Louisa Cuneo

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa L Baccigalupi

(Address) 824 Eastern ave

15- ROBERT B. KRAUTER

Filed SEP 4 - 1917 191.... Chief Form. Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 25 1917, to Sept 3 1917, that I saw her alive on Sept 3 1917, and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Intestinal

(Duration) ....yrs. ....mos. 1 ds.

(Signed) J Blanton M. D.

Sept 4, 1917 (Address) 1 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincents	Sept 4, 1917.
20-UNDERTAKER	ADDRESS
Windell Dippell & Son	37 S Amm

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8141 — 119 — D 8141

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1738 E Preston ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia C Franke

(Residence in Baltimore: No. 1738 E. preston St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Oct 5 (Month), ... (Day), 1864 (Year)

7-AGE, 52 yrs. 10 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer): 837

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER: Louis J Redding

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER: Mary Wilhelm

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August C. Franke

(Address) 1738 E Preston St

15- Filed SEP 4 - 1917, 191..... ROBERT B. KRAUTER Registrar.

Burial Form

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 2 (Month), ... (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 28 1917 to Sept 2nd 1917, that I saw her alive on Sept 2 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. P. Schwatka M. D.

Sept 4, 191 7 (Address) 522 N. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Sept 5, 1917

20-UNDERTAKER Robt F. Turner — ADDRESS 1712 N. Broadway

D 8142

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 D 8142

REGISTERED No. C.....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1141 N. Streeper St.: 6th WARD)

2 FULL NAME William J. Matejka

(Residence in Baltimore: No. 1141 N. Streeper St.: yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH: Jan. 22, 1917 (Month) (Day) (Year)

7 AGE: yrs. 7 mos. 11 ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: William Streeper

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Anna Biebl

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ann. Matejka

(Address) 1141 N. Streeper St.

15 Filed SEP 4 - 1917, 191 ROBERT R. KRAUTER Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept 1", 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 31", 1917, to, Sept 1", 1917, that I saw h[illegible] alive on Sept 1", 1917, and that death occurred, on the date stated above, at 4:30 P. m.
The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY)

(Duration) yrs. 4 ds.

(Signed) Elmer Robertson M.D.

Sept 4", 1917 (Address) 2529 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: H. G. Redmanden. | DATE OF BURIAL: Sept 4, 1917

20 UNDERTAKER: John C. Morgan | ADDRESS 3005 E. Balto St.

State CAUSE OF DEATH in plain terms. [illegible] is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 8143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 8143

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3514 Benson ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kennard Willis Hoy

(Residence in Baltimore: No. 3514 Benson St. St.; 5 yrs. 9 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, March 21, 1917.
(Month) (Day) (Year)

7-AGE, 5 yrs. 5 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE, (State or Country) Baltimore City

PARENTS.

10-NAME OF FATHER, Charles Hoy.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Nannie Hamer

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Hoy.

(Address) 3514 Benson st.

15-

Filed SEP 4 - 1917 191.... ROBERT. R. KRAUTER. Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 2, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 6 191 7, to Sept 2 191 7, that I saw h[illegible] alive on Sept 2 191 7, and that death occurred, on the date stated above, at 3:40 P. m.

The CAUSE OF DEATH* was as follows:

(a) Malaria Pernicious (Form)

(b) [illegible] (Duration) 3 Mos. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. J. Canzler M. D.

Sept 2nd, 191 7. (Address) 357 Rock St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Mary's Cem. DATE OF BURIAL, Sept. 4, 191 7

20-UNDERTAKER Farnworth & Son ADDRESS 360 Chestnut

Spec.—8-24-14—M. & T.—2000 Blks.

D 8144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 8144

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 Hudson St, ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Edwards

(Residence in Baltimore: No. 2826 Hudson St, St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Female	White	Widowed

6-DATE OF BIRTH, ... May 5 ....., 1857
(Month) (Day) (Year)

7-AGE, ... 60 yrs. 3 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House work .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at home .....

9-BIRTHPLACE, (State or Country),
N.J,

PARENTS.

10-NAME OF FATHER, David Harring

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER, not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Miss Hattie Edwards .....

(Address) ..... 2826 Hudson St. .....

15- SEP 1 - 1917

Filed ....., 191.... ROBERT R. BRAUTER (Clerk) Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Aug. 31 1917 ....., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1916, to Aug 31 1917, that I saw her alive on Aug 31 1917, and that death occurred, on the date stated above, at 1.55 P. m.

The CAUSE OF DEATH* was as follows:

.....

Chronic Nephritis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uraemia

..... (Duration) ..... yrs. 3 mos. ..... ds.

(Signed) ..... M. D.

Sept 1, 191.. (Address) 839 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Sept 4, 191..

20-UNDERTAKER H. Sander & Sons — ADDRESS 2110 E. Biddle

Spec—5-19-13—M. & T.—500 Blks.

D 8145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 8145

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 N. Paca ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Crowdy

(Residence in Baltimore: No. 635 N. Paca St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE, ✓ yrs. 3 mos. ✓ da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balt-Md

PARENTS.

10-NAME OF FATHER, Randolph Crowdy

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Edna LaPray

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna Crowdy

(Address) 635 N. Paca St.

15-

Filed SEP 4 - 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 15 1917, to Sept. 3. 1917, that I saw h[illegible] alive on Sept. 2 1917, and that death occurred, on the date stated above, at 1 1/4 m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) ... yrs. ... mos. 15 da.

CONTRIBUTORY (Secondary) Rickets

(Duration) ... yrs. 2 mos. ... da.

(Signed) Jno. G. Thayer M. D.

Sept. 3, 191.. (Address) 706 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Catholic Cem DATE OF BURIAL Sept 5, 191..

20-UNDERTAKER David T. Handley ADDRESS 5 Bloxidge Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 8146

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8146

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Eutaw ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline A. Cowan

(Residence in Baltimore: No. 419 N. Eutaw St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 22 (Day), 1850 (Year)

7-AGE, 67 yrs. 8 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm. H. Cowan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catharine White

13-BIRTHPLACE OF MOTHER (State or Country), Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katharine Cowan

(Address) 417 N. Eutaw St.

15-

Filed SEP 5 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1917, to Sept 3 1917, that I saw h- alive on Sept 2 1917, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

f

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Colitis Cystitis

(Duration) yrs. 10 mos. ds.

(Signed) E. E. Carolahan M. D.

, 191... (Address) 2128 W. Fulton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Sept 5, 191.7.

20-UNDERTAKER Zitzler & Zitzler

ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 lbs.

D 8147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 8147

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1343 N Carey ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Austin Burgess

(Residence in Baltimore: No. 1343 W. Carey St. → St.; 6 yrs., mos., ds.)

25 yrs in City.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col.	Married

6-DATE OF BIRTH, Sept 25, 1872
(Month) (Day) (Year)

7-AGE, 44 yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): 086

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Austin Burgess

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Jennie Addeson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), Nellie Burgess (wife)

(Address) 1343 W Carey St

15- SEP 4 - 1917 ROBERT R. KRAUTER Registrar.

Filed....., 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 2, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 2 1917, to Sept 2 1917, that I saw h[illegible] alive on Aug 31 1917, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) Wm H Wooster M. D.

Sept 3, 1917 (Address) 1209 Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Sept 5, 1917
20-UNDERTAKER	ADDRESS
Lawrence Dudley	1961 Mary

D 8148

HEALTH DEPARTMENT--CITY OF BALTIMORE

28

D 8148

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 2730 O. Donnell ST.: 1 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Catharine Kraus.

(Residence in Baltimore: No. 2730 O. Donnell St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct. 22nd (Month) (Day), 1899 (Year)

7-AGE: 17 yrs. 10 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Shirt Factory
(b) General nature of industry, business, or establishment in which employed (or employer): Employe.

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Joseph Kraus.

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Annie Bichel

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maria Bichel

(Address) 2730 O. Donnell St.

15. ROBERT B. KRAUTER

Filed SEP 4 - 1917 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept (Month) 2 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1917, to, Sept 2 1917, that I saw h[illegible] alive on Sept 1, 1917, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B. of Both Lungs.

(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Toxaemia

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) W. L. Burke M. D.

Sept 2, 1917 (Address) 2042 Hudson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: Sept 5th, 1917

20-UNDERTAKER: Lilly + Zeiler ADDRESS: 403 S. Wolfe St

N. B.—[illegible] certificate. State CAUSE OF DEATH in plain terms. [illegible] is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Shadrick Hampton

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8149 — 28 — D 8149

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1376 Woodyear ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Shadrick Hampton

(Residence in Baltimore: No. 1376 Woodyear St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... 1886 ....., 1 .....
(Month) (Day) (Year)

7-AGE, 31 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm Hampton

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Augusta Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Lawrence Hampton

(Address) ..... 1376 Woodyear St

15- SEP 4 - 1917 ROBERT R. KRAUTER

Filed ....., 191.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Sept. 1st, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 191 7, to Sept 1st 191 7.

that I saw h[illegible] alive on Sept 1st 191 7.

and that death occurred, on the date stated above, at [illegible] p. m.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Tuberculosis

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Sept 3, 191 7 (Address) 724 Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cem. DATE OF BURIAL, Sept 4, 191 7.

20-UNDERTAKER James H Dennis ADDRESS 1303 Presstman St.

Important

Spec.—8-24-17—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8150

CERTIFICATE OF DEATH.

67

D 8150

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2708 Frisby St. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Sinclair.

(Residence in Baltimore: No. 2708 Frisby St. St.: 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH ..... March 12th, 1838
(Month) (Day) (Year)

7-AGE, 79 yrs. 5 mos. 23 ds.

If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housemaker
(b) General nature of Industry, business, or establishment in which employed (or employer) 069

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Saunders

11-BIRTHPLACE OF FATHER (State or Country), Scotland.

12-MAIDEN NAME OF MOTHER Quinn

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matthew Sinclair

(Address) 2708 Frisby Street

15-

SEP 4 - 1917 ROBERT P. KRAUTER

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... Sept. 3rd, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26th 1917, to Sept 3rd 1917, that I saw h[illegible] alive on Sept 3rd 1917, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) ? yrs. ..... mos. ..... ds.

(Signed) Geo. A. Tingstad M. D.

Sept. 3rd 1917. (Address) 2527 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Sept 5, 1917.
20-UNDERTAKER William Cooke	ADDRESS Sov & Wolfe

CAUSE OF DEATH to be plainly written. Items are important. See instructions on back of certificate.

D 8151

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 8151

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2129 W. Lealvert St. 12 WARD) REGISTERED NO. C

2-FULL NAME Laura R. Merryman

(Residence in Baltimore: No. 2129 W. Lealvert St.; yrs. mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH April 7, 1840 (Month) (Day), 1 (Year)

7-AGE 77 yrs. 4 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) 000

9-BIRTHPLACE (State or country) Baltimore, Md.

PARENTS

10-NAME OF FATHER George Merryman

11-BIRTHPLACE OF FATHER (State or country) Baltimore Co. Md.

12-MAIDEN NAME OF MOTHER Elizabeth E. Austin

13-BIRTHPLACE OF MOTHER (State or country) Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Henrietta Merryman
(Address) 2129 W. Calvert St.

15. Filed SEP 4 - 1917, 19 ROBERT R. KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH September (Month) 3 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 1916, to Sept 2 1917, that I saw h[illegible] alive on Sept 2, 1917, and that death occurred, on the date stated above, at 2 a m.
The CAUSE OF DEATH* was as follows:

General Paresis

more than one year (Duration) yrs. mos. ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Henry McBaxley M. D.
Sept 3, 1917. (Address) 1126 N. Howard ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Greenmount Cemetery | DATE OF BURIAL Sept 4, 1917

20-UNDERTAKER Henry C. Wearo & Son | ADDRESS 805 W. Calvert St.

N.B.—Before state CAUSE OF DEATH in plain terms, see back of certificate. Every item is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 8152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109

D 8152

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph Hosp ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Kurz

(Residence in Baltimore: No. 1614 Harford Ave St.; 63 yrs., mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, October 14, 1837
(Month) (Day) (Year)

7-AGE, 79 yrs. 10 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone Cutter 045
(b) General nature of industry, business, or establishment in which employed (or employer): Wm. H. Lee & Bros

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER. Theodore Wack

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia Dexter

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Elizabeth Lowston
(Address) 1225 E. Preston St

15-
Filed SEP 1 - 1917, 191.... ROBERT R. KRAUTER
Burial Permit Registrar.

5

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 2nd, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27 1917, to Sept 2 1917, that I saw h.. alive on Sept. 2 1917, and that death occurred, on the date stated above, at 2 P. m.
The CAUSE OF DEATH* was as follows:
Intestinal Obstruction
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chron. Intestinal Hernia
(Duration) yrs. mos. 3 ds.
(Signed) C. F. Quaile M. D.
9/2, 191.7 (Address) St Joseph Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 1614 Harford Ave

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery
DATE OF BURIAL, Sept. 5th, 1917.

20-UNDERTAKER George Schilling & Sons
ADDRESS 1126 Monument st

D 8153

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 8153

1 PLACE OF DEATH

REGISTERED No. C 120

CITY OF BALTIMORE (No. 1400 W. Lexington ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Oliver Waterworth.

(Residence in Baltimore: No. 1400 W Lexington St ST. 17 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White.	Widowed

6-DATE OF BIRTH November 17, 1832 (Month) (Day) (Year)

7-AGE 84 yrs. 9 mos. 18 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Tin + sheet iron (retired) worker
(b) General nature of industry, business, or establishment in which employed (or employer) Stove Furnace

9-BIRTHPLACE (State or country) Baltimore, Md.

PARENTS

10-NAME OF FATHER Samuel Waterworth

11-BIRTHPLACE OF FATHER (State or country) Lisburn, Ireland.

12-MAIDEN NAME OF MOTHER Jane Murray

13-BIRTHPLACE OF MOTHER (State or country) Scotland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Jane Waterworth Arthur

(Address) 1426 W. Lanvale St.

15

FILED SEP 4 - 1917 ROBERT L. KRAUSE, Burial Permit Clerk REGISTRAR

5

State CAUSE OF DEATH in plain English. Do not use abbreviations or technical terms. Omission of any item of information called for by this certificate is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Sept. 4, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1917, to Sept. 3 1917, that I saw him alive on Sept. 3, 1917, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(Duration) — yrs. — mos. — ds

Contributory (SECONDARY) Indigestion

(Duration) — yrs. — mos. — ds.

(Signed) D. H. Arthur M. D.

Sept 4, 1917 (Address) 1426 Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Sept 5, 1917

20-UNDERTAKER John O. Mitchell | ADDRESS 120 W. Fayette

Had 86

D 8154

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 8154

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 602 N North Ave ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ellen F Latham

(Residence in Baltimore: No. 602 N. North Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: June (Month) 27 (Day), 1832 (Year)

7 AGE: 85 yrs. 3 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Great Falls, N. H.

PARENTS

10 NAME OF FATHER: Lewis B. Tebbetts

11 BIRTHPLACE OF FATHER (State or country): Rochester N. H.

12 MAIDEN NAME OF MOTHER: Rebbecca Roberts

13 BIRTHPLACE OF MOTHER (State or country): N. H.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mabel Latham

(Address) 602 N. North Ave

15 Filed SEP 4 - 1917, 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. Every item is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 9 (Month) 2 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from [illegible], 191[illegible], to [illegible] 191[illegible], that I saw h[illegible] alive on Sept 2, 191[illegible] and that death occurred, on the date stated above, at [illegible] m.
The CAUSE OF DEATH* was as follows:

Cerebro cerebral

(Duration) [illegible] yrs. mos. ds

Contributory (SECONDARY) [illegible]

(Duration) yrs. mos. 5 ds.

(Signed) [illegible] M. D.

Sept. 4, 191[illegible] (Address) 1201 [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Sept. 5, 1917

20 UNDERTAKER: John J Mitchell — ADDRESS: 1201 W. Fayette St

4622 W.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8155

CERTIFICATE OF DEATH.

91

D 8155

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 649 W. Fayette ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Mesculunas

(Residence in Baltimore: No. 649 W. Fayette St.- Lit. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Mal

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sngle

6-DATE OF BIRTH, April 3rd, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. .....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... one

9-BIRTHPLACE, (State or Country), Balto City-

PARENTS.

10-NAME OF FATHER, Anthony Mesculunas

11-BIRTHPLACE OF FATHER (State or Country), Lithuania

12-MAIDEN NAME OF MOTHER Petronella Kaplitis

13-BIRTHPLACE OF MOTHER (State or Country), Lithuania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Ana Mesculunas

(Address)..... 649 W. Fayette St

15-

Filed SEP 4 - 1917, 191.....

ROBERT R. KRAUTER
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 4th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1917, to Sept 4, 1917, that I saw h im alive on Sept 2nd 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Ptisis.

..... (Duration).....yrs.....mos. 17 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

Sept 7, 191.. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus — DATE OF BURIAL, Sept. 5, 1917.

20-UNDERTAKER John Grebliauckas — ADDRESS 425 So Paca St

D 8156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 8156

REGISTERED No. C.....

1. PLACE OF DEATH: CITY OF BALTIMORE (No. University Hospital ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME John. Giza.

(Residence in Baltimore: No. 616 E. Ann St.)

St.: yrs. 18 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male.	White	Married

6-DATE OF BIRTH, May (Month) 10 (Day), 1883 (Year)

7-AGE. 34 yrs. 3 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Farm. OHW

9-BIRTHPLACE, (State or Country), Austria.

PARENTS.

10-NAME OF FATHER, Marcin. Giza.

11-BIRTHPLACE OF FATHER (State or Country), Austria.

12-MAIDEN NAME OF MOTHER Mary. Dyba.

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ludwika. Giza

(Address) 616 E. Ann

15- ROBERT R. PRESTON

Filed SEP 4 1917, 191. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 1, (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia, caused by pistol shot wound in mouth, caused when he was cleaning pistol (Accidental) (Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary) ... (Duration) ...yrs. ...mos. ...ds.

(Signed) A. L. Driscoll M. D. (Coroner.)

Sept 3, 1917. (Address) 317 Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place of death ...yrs. ...mos. 5 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Sept 6, 1917
20-UNDERTAKER	ADDRESS
William Fiaskowski	448 Eastern Ave.

CAUSE OF ... important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks

D 8157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 8157

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert St ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Murphy

(Residence in Baltimore: No. 1115 Hanover St. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. ~~Female~~ Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1891 (Year)

7-AGE, 26 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Candy Maker
(b) General nature of industry, business, or establishment in which employed (or employer) C&O

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, Michael Murphy

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emma Sauk

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Murphy

(Address) 110 E. Cross St

15-

Filed SEP 4 1917, 191.. ROBERT B. KRAUTER. Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 2, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8 1917, to Sept 2 1917, that I saw h Sr alive on Sept 1 1917, and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(---) (Duration) yrs. mos. ds.

(Signed) Edward J. Smith M. D.

, 191... (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At home

Former or usual residence 1115 Hanover St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Sept 5, 191.7.

20-UNDERTAKER F. A. Krause

ADDRESS 703 Hanover

5

Spec.—8-24-14—M. & T.—2000 Blks.

D 8158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 605 Cornell St. 22 Ward) REGISTERED No. C 91 D 8158

CITY OF BALTIMORE: (No.

2-FULL NAME Joseph Chapman

(Residence in Baltimore: No. 605 Cornell St.: yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Single

6-DATE OF BIRTH, March 18; 1903
(Month) (Day) (Year)

7-AGE, yrs. 5 mos. 12 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Daniel Chapman

11-BIRTHPLACE OF FATHER (State or Country), [illegible]

12-MAIDEN NAME OF MOTHER Mary Diggs

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Diggs

(Address) 605 Cornell St

15-

Filed SEP 4 - 1917 191 ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

5

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 2, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1917, to Sept 2 1917, that I saw him alive on Sept 2 1917, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. J. Gray M. D.

Sept 3, 1917. (Address) 324 E. Fallsway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Sept 4, 1917

20-UNDERTAKER Geo H Hoyer ADDRESS

Spec.—5-19-19—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 8159 D 8159

CERTIFICATE OF DEATH.

REGISTERED No. C 76

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 W. Hill ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Frank Moylan

(Residence in Baltimore: No. 5 W. Hill St.

St.: 34 yrs., 2 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 15 (Day), 1863 (Year)

7-AGE, 54 yrs. 2 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bailer Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Steam

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Patrick Moylan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Annie Laurie

13-BIRTHPLACE OF MOTHER (State or Country), Irland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James G. Scanlon

(Address) 5 W. Hill st

15-

Filed SEP 4 - 1917 ROBERT B. KRAUTER Registrar.

Burial Permit Clerk

CAUSE OF DEATH. important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 4th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26th 1917, to Sept 4th 1917, that I saw him alive on Sept 4th 1917, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Otitis Media

(Duration) yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary) Cerebral Abscess

(Duration) yrs. — mos. 7 ds.

(Signed) Ellen Mishaw M. D.

Sept, 1917. (Address) 611 Light st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL. Sept 6, 1917

20-UNDERTAKER F. A. Krause

ADDRESS 703 Hanover

D 8160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30 K 9 Jr

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 724 E. 21st St. St.; 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary A. Ryan

(Residence in Baltimore: No. 724 E 21st St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb. (Month) 2 (Day), 1916 (Year)

7 AGE: 1 yrs. 7 mos. ..... ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Thos. F. Ryan

11 BIRTHPLACE OF FATHER (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Mary K. Smith

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos F Ryan

(Address) 724 E 21st St

15

Filed SEP 4 - 1917, 191

ROBERT R. KRAUTER
Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept (Month) 2 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1917, to Sept 2 1917, that I saw h~~e~~r alive on Sept 2, 1917, and that death occurred, on the date stated above, at 10:20 ~~P~~m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Clay M. D.

Sept 3, 1917 (Address) 1100 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: Sept 4, 1917

UNDERTAKER: W C Mudefield & Bro. | ADDRESS: 1911 Pres Ave

State CAUSE OF DEATH in plain terms. Statement of duration of disease is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 8161

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8161

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Poplar Grove St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Carroll

(Residence in Baltimore: No. 706 Poplar Grove St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept 8 (Month) ..... (Day) 1916 (Year)

7-AGE, 1 yrs. ..... mos. 7 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, —
(b) General nature of industry, business, or establishment in which employed (or employer), ...

9-BIRTHPLACE, (State or Country), Baltimore md

PARENTS.

10-NAME OF FATHER, Thomas Carroll

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Julia Grey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie Carroll

(Address) 706 Poplar Grove Road

15-

Filed ..... 191... SEP 4 1917 ROBERT R. REUTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 2 (Month) ..... (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 25 1917, to Sept 2 1917, that I saw her alive on Sept 2 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Suppurative)
from Heart

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Dr. Thomas

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) D. R. Florence M. D.

191... (Address) 712 S. Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Sept 4, 1917

20-UNDERTAKER Edward Ringgold — ADDRESS 1463 N Carey

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8162 — CERTIFICATE OF DEATH. — 104 — D 8162

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 19 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Buck

(Residence in Baltimore: No. 29 N Calhoun St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Child

6-DATE OF BIRTH, March 10, 1917. (Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer): child

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), ✓

12-MAIDEN NAME OF MOTHER ✓

13-BIRTHPLACE OF MOTHER (State or Country), ✓

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Libley

(Address) Johns Hopkins Hosp.

15-

Filed SEP 4 - 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 28, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 28 1917, to Aug 28 1917, that I saw h[illegible] alive on Aug 28 191 7, and that death occurred, on the date stated above, at 10 36 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion

(Duration) ...yrs. ...mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Margaret Tyler M. D.

Aug 28, 191 7 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. / ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 29 N. Calhoun St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	AUG 31 1917
20-UNDERTAKER	ADDRESS

Burial Permit Issued Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

D 8163

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8163

CERTIFICATE OF DEATH

104

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberta Davenport

(Residence in Baltimore: No. 709 N Eden St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, ... yrs. 8 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Percy T. Blamberg

(Address) Johns Hopkins Hosp

15- SEP 4 - 1917

Filed ....., 191.... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 30 1917, to Sept 1 1917, that I saw her alive on September 1 1917, and that death occurred, on the date stated above, at 1.00 P, m.

The CAUSE OF DEATH* was as follows:

..... Acute Intestinal Indigestion

.....

.....

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hunter P. Conrad M. D.

Sept 1, 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 709 N Eden St

19-PLACE OF BURIAL OR REMOVAL, Salisbury Conn, DATE OF BURIAL, Sept 3 1917

20-UNDERTAKER Harry A. Vodery ADDRESS 1723 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

D 8161

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 ✓ D 8161

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 W Hollins St., 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Snyder

(Residence in Baltimore: No. 1913 Hollins St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ... (Month) Sept (Day) 10 (Year) 1846

7-AGE, 71 yrs. 11 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or estsblishment in which employed (or employer): 4

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas Eisenberg

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Hannah Snyder

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hannah Snyder

(Address) 1913 Hollins

15-

Filed SEP 4 - 1917, 191.....

ROBERT P. KRAUTH
Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9 (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9-3- 1917, to 9-3-17 1917, that I saw him alive on 9-3-17 1917, and that death occurred, on the date stated above, at 10:15 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Spinal Meningitis

Sept-4-17

Gastro Enteritis

autopsy by Dr J. H. Hoffa

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia Apoplexy

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) T. A. Phillips M. D.

9-3-17, 1917. (Address) 20 W Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Sept 5 1917

20-UNDERTAKER J. Thos. Co — ADDRESS 1611 Madison

Vit 838
D 8165

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8165

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 600 W. Conway ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Wielke

(Residence in Baltimore: No. 600 W Conway St. 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Dec. 31, 1845
(Month) (Day) (Year)

7-AGE, 71 yrs. 8 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): — 000

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Trimper

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna E. Blanke

(Address) 600 W. Conway St.

15-

Filed SEP 4 1917, 191 HARRY [illegible] Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert D. Driscoll M. D.
(Coroner.)

Sept 2, 1917. (Address) 312 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Sept 5, 1917

20-UNDERTAKER Mc Mus Jno. W. Lyell ADDRESS 801 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 8166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 8166

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 653 Gutman ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Russell

(Residence in Baltimore: No. 653 Gutman Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, November 24th, 1839
(Month) (Day) (Year)

7-AGE, 77 yrs. 8 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Angel

11-BIRTHPLACE OF FATHER (State or Country), At sea.

12-MAIDEN NAME OF MOTHER Marguerite Deal

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..John Russell.....

(Address)..653 Gutman ave.....

15-

Filed SEP 4 1917, 191.....

HARRY O. ANDERS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 3rd 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 24th 1917, to Sept 3rd 1917, that I saw her alive on Sept 3rd 1917, and that death occurred, on the date stated above, at 1.45 p.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Chronic Nephritis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thomas Gorman M.D. M. D.

Sept 3rd, 191 7. (Address) 353 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Sept. 6th, 191 7

20-UNDERTAKER George J. Reuth — ADDRESS 1735 Hayford Rd

Important. See instructions

D 8167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 8167

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 709 Greenmount Ave 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Ochlech

(Residence in Baltimore: No. 709 Greenmount Ave St.) yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Married

6-DATE OF BIRTH Aug 24, 1852 (Month) (Day) (Year)

7-AGE, 65 yrs. — mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Brick. 012
(b) General nature of industry, business, or establishment in which employed (or employer)..... Layer

9-BIRTHPLACE. (State or Country) Germany

PARENTS.

10-NAME OF FATHER August Ochlech

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rose Ochlech

(Address) 709 Greenmount Ave

15

Filed SEP 4 - 1917 Burial Permit Clerk

Registrar.

CAUSE OF DEATH to be filled in plain terms. Indefinite answers will not be accepted. Every question must be answered if possible. Omissions will cause delay and may cause return of certificate. Items 1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 19, 20 are important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH Sept 2, 191 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Paul Jones M. D. (Coroner.)

Sept 4 191 (Address) 1126 Mass Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Sept 5, 191 7

20-UNDERTAKER: H. C. Medefeld — ADDRESS: 29 E. Fayette

29 E. E. Balto.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8168

CERTIFICATE OF DEATH.

47

D 8168

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1214 Greenmount ave St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah B McCauley

(Residence in Baltimore: No. 1214 Greenmount ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct (Month) 10 (Day), 1837 (Year)

7-AGE, 79 yrs. 9 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). 000

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Treadway

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary Bosley

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs May Mackey

(Address) 1214 Greenmount

15-

Filed....., 191.... Registrar.

Important. See that Burial Permit is issued before filling out this Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1917, to Sept 3 1917, that I saw her alive on Sept 3 1917, and that death occurred, on the date stated above, at 7½ p m.

The CAUSE OF DEATH* was as follows: Acute Articular Rheumatism

(Duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary) Septicaemia puerperal

(Duration) yrs. mos. 20 ds.

(Signed) James M Benton M. D.

Sept 4 1917 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL. Sept 5 191 7.

20-UNDERTAKER H. C. Weidefeld — ADDRESS 914 Greenmount Ave.

D 8169

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8169

CERTIFICATE OF DEATH.

1717

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 7 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Beckman

(Residence in Baltimore: No. 710 N. Luzerne St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Married

6-DATE OF BIRTH, Apr. 27, 1867.
(Month) (Day) (Year)

7-AGE, 49 yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer 030
(b) General nature of industry, business, or establishment in which employed (or employer): (Stationary)

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Frank Beckman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catherine Dreitze

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Catherine Beckman

(Address) 710 N. Luzerne St.

15-

Filed SEP 4 - 1917, 191.....

HARRY C. ADELMAN
Burial Permit Clerk

Registrar.

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Shock (supposedly due to being
injured around machinery?
(Autopsy later —

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY .....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. D. Driscoll M. D.
(Coroner)

Sep 2, 1917 (Address) 512 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Urgent trouble Presency

Former or usual residence 710 N Luzerne St.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Sept 5, 1917

20-UNDERTAKER Geo M. Rinn ADDRESS 811 N Wolfe

Spec.—8-24-14—M. & T.—2000 Blks.

D 8170 HEALTH DEPARTMENT—CITY OF BALTIMORE 105 ✓ D 8170

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 Harford Ave ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patsuck J. Gallagher

(Residence in Baltimore: No. 825 Harford Ave St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 7, 1852 (Month) (Day) (Year)

7-AGE 65 yrs. 5 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stone-cutter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Gallagher

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lilie Gallagher

(Address) 825 Harford Ave.

15-

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1 1915 to Sept 2 1917, that I saw him alive on Sept 2 1917, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration).....yrs.....mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) J. C. Burnbaugh M. D.

Sept 4, 191 7 (Address) 1322 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Sept 6..., 1917

20-UNDERTAKER H. C. Wiedefeld

ADDRESS 917 Druid Ave

Spec.—5-24-14—M. & T.—3000 Blks.

D 8171

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8171

CERTIFICATE OF DEATH.

REGISTERED No. C 4 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 663 N Lexington ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward W Schieve

(Residence in Baltimore: No. 663 N Lexington St.; 26 yrs., 8 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... June (Month) 26 (Day), 1890 (Year)

7-AGE,	If LESS than 1 day,
26 yrs. 7 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... City 040

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Louis B Schieve

11-BIRTHPLACE OF FATHER (State or Country), Baltimd.

12-MAIDEN NAME OF MOTHER Barbara A Bein

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Olivia M Schieve

(Address) 663 N Lexington

15-

SEP 4 - 1917

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Sept (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2. 1917 6 am Sept 2 12 noon 1917, that I saw h. m alive on Sept 2 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart trouble - with Edema, and Asthenia - Character of valve lesion not definitely determined, Heart failure, breathing etc 2 (Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs.....mos.....ds.

(Signed) Jno A Countaches M. D.

Sept 3, 1917. (Address) 1025 Hull St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Sept 5, 1917
20-UNDERTAKER	ADDRESS
J Wm Routson	230 Green

D 8172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 D 8172

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2205 N Fulton. St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lois V Spriggle

(Residence in Baltimore: No. 2205 N Fulton ave St.: ..... yrs. 5 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem'l

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: March 19, 1917 (Month) (Day) (Year)

7 AGE: ..... yrs. 5 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ——

000 000

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Arthur E Spriggle

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Virgie Gardner

13 BIRTHPLACE OF MOTHER (State or country): Balto Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur Spriggle

(Address) 2205 N Fulton

15 SEP 4 - 1917 Filed ....., 191 ..... BARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

state CAUSE OF DEATH in plain words. See instructions on back of certificate. is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September 4th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY. That I attended deceased from Aug 24th, 191 . to. Sept 4th 1917. that I saw her alive on Sept 4th, 1917. and that death occurred. on the date stated above, at 2 a m. The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), E. G. Shower. M. D.

Sept 4. 1917. (Address) 1224 W North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Sept 5, 1917

20 UNDERTAKER: W M Routson — ADDRESS: 230 N Greene

Spec.—8-24-14—M. & T.—2000 Blks.

D 8173

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8173

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 S. Durham ST.; V WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Meyer

(Residence in Baltimore: No. 120 S Durham St.; 33 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown
(Month) (Day) (Year)

7-AGE, 33 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): 659

33

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Louis Meyer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emely Meyer

(Address) 120 S Durham St

15-

Filed SEP 4 - 1917, 191.....

HARRY [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1917, to Sept 3 1917, that I saw h[illegible] alive on Sept 2 1917, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

from history

(Duration) 0 yrs. 9 mos. 0 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Cushman M. D.

Sept 4, 191.7 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Carmel Cemetery	Sept 5, 191.7

20-UNDERTAKER Christian Miller ADDRESS 2534 Jefferson

Spec.—8-24-14—M. & T.—2000 Bks.

D 8171 D 8171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1320

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Men & Women Home St. 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Singer

(Residence in Baltimore: No. 1622 Druid Hill Ave St.; ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1830 (Year)

7-AGE, 87 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Pully

(Address) 1622 Druid Hill Ave

15-

SEP 4 - 1917 HARRY O. [illegible]

Filed....., 191..... Clerk
Burial Permit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 24 1917, to Sept 3 1917, that I saw her alive on Sept 2 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis (Chronic)

(Duration) 4 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis (Chronic) (Duration) 4 yrs. ... mos. ... ds.

(Signed) Edward F Hopewell M. D.

9/4, 191.7 (Address) 1116 Bolton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. — mos. ds. In the State life yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Sept 5, 191.7

20-UNDERTAKER Jno H Woodring — ADDRESS 142 Hoffman

Spec.—8-24-14—M. & T.—2000 Bks.

D 8175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 Seldner place ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Etta Wilson

(Residence in Baltimore: No. 13 Seldner Place St.: 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) Pd Deceased

9-BIRTHPLACE, (State or Country), Annapolis.

PARENTS.

10-NAME OF FATHER, John Wilson

11-BIRTHPLACE OF FATHER (State or Country), Anne Arundel

12-MAIDEN NAME OF MOTHER Sophy Watkins

13-BIRTHPLACE OF MOTHER (State or Country), Anne Arundel

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Henry Hughes

(Address) 13 Seldner place

15-

Filed SEP 5 1917, 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 3 1917, to 191.....,
that I saw h alive on Sept 3 1917,
and that death occurred, on the date stated above, at 3 a m.
The CAUSE OF DEATH* was as follows:

Acute Intestinal Nephritis

about (Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Anaemia Constitutional

(Duration) yrs. mos. 2 ds.

(Signed) E. H. Kaese M. D.

Sept 4, 1917. (Address) 522 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Sept 6, 191..

20-UNDERTAKER J. L. Brown & Son — ADDRESS Vermont Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 8176

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8176

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1156 W Hamburg ST.: 23 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mabel Mosley

(Residence in Baltimore: No. 156 W Hamburg St.: ....yrs., 3 mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	S

6-DATE OF BIRTH. May (Month) 28 (Day), 1917 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 3 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Jackson Mosley

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mother Bowler

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jackson Mosley

(Address) 1156 W. Hamburg St.

15- SEP 5 - 1917 ROBERT B. KRAUTER

Filed....., 191.... DEPUTY REGISTRAR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept (Month) 3 (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Aug 25 1917, to Sept 3 1917, that I saw her alive on Sept 2 1917, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration).....yrs.....mos. 7 ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) J. Lee Bayley M. D.

9/4, 191. (Address) 1 Bayard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn St	Sept 4, 1917.
20-UNDERTAKER	**ADDRESS**
L. L. Brandt & Son	1018 W. Monta[illegible]

Spec.—8-24-14—M. & T.—2000 Pks.

D 8177 HEALTH DEPARTMENT—CITY OF BALTIMORE 104 D 8177

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 17 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Brooks

(Residence in Baltimore: No. 573 Moore St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 16, 1917
(Month) (Day) (Year)

7-AGE, 0 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Roger Brown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Cora Bennett

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry J. Klausberg

(Address) Johns Hopkins Hosp.

15- SEP 5 1917 ROBERT E. KRAUTER

Filed ....., 191.... Burial Permit Clerk

SEP 5 1917 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 21 1917, to Sept. 4 1917, that I saw h.m alive on Sept. 4 1917, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) None (Duration) ....yrs. ....mos. ....ds.

(Signed) Henry J. Klausberg M. D.

Sept 5, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 19 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 573 Moore St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Sept 6, 1917.

20-UNDERTAKER David Easton ADDRESS 916 Pennsylvania Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 8178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 8178

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital St.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Paul

(Residence in Baltimore: No. U. S. Marine Hospital St.; ..... yrs., 6 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct 22, 1858
(Month) (Day) (Year)

7-AGE, 58 yrs. 10 mos. 12 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): Marine

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jamon Paul

11-BIRTHPLACE OF FATHER (State or Country), Conn

12-MAIDEN NAME OF MOTHER, Rebecca Lessinger

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [redacted]

(Address) Cora A. Paul

15- 307 S. Carey St. [illegible]

Filed ..... 191... [illegible] Registrar.

SEP 5 - 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 1917, to Sept 3 1917, that I saw h[illegible] alive on Sept 3 1917, and that death occurred, on the date stated above, at 11.35 P.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Thyroid gland & Pressure effect on Trachea (Duration) yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) Asphyxiation (Duration) yrs. mos. 1/2 hour

(Signed) Chas. W. Voge M. D.

Sept 4, 1917. (Address) U.S. Marine Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 7 mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 507 S Carey St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	Sept 7, 1917.

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8179 D 8179

CERTIFICATE OF DEATH.

15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 Preston St.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of John & Ella Jones

(Residence in Baltimore: No. 319 Preston St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 3d, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. ...mos. ...ds. If LESS than 1 day, ...hrs. or 1 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), 319 Preston St.

PARENTS.

10-NAME OF FATHER, John Jones

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Ella Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Wright, Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Jones

(Address) 319 Preston St

15-

Filed SEP 5 1917, 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 3d, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 3d 191... to Sept. 3d 191..., that I saw h... alive on Sept. 3d 191..., and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Strangulated Colon

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) ~

(Duration) ...yrs. ...mos. ...ds.

(Signed) [illegible] M. D.

Sept 5, 191... (Address) 924 North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL
Burial Permit
Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8180 D 8180

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hurnsity Hospital ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Caswell Edna

(Residence in Baltimore: No. Fairfield md St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Unknown

6-DATE OF BIRTH, ... Unknown ....., 1..... (Month) (Day) (Year)

7-AGE. About 28 yrs. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed SEP 5 1917, 191... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug. 28, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug-20-1917, to Aug 28-1917, that I saw him alive on Aug-27-1917, and that death occurred, on the date stated above, at 1 A.m.

The CAUSE OF DEATH* was as follows:

1 Typhoid Fever

..... (Duration) ..... yrs. ..... mos. Unknown ds.

, CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) ..... yrs. ..... mos. Unknown ds.

(Signed) ..... M. D.

8/28, 191.7 (Address) Hurnsity Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State Unknown yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Fairfield, Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL SEP 1917 Burial Permit Issued

Spec. 5-19-15 M. & T. 500 Blks.

D 8181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 ✓

D 8181

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1526 So Charles ST., 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby — Marshall

(Residence in Baltimore: No. 1526 So Charles St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 4 (Day), 1917 (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or 10 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Oscar Marshall

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary J. Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Penn'a

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oscar Marshall

(Address) 1526 So Charles St

15-

Filed SEP 5 1917 191.... ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 4 1917, to Sept 4 1917, that I saw h[illegible] alive on Sept 4 1917, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) —

..... (Duration) .....yrs.....mos.....ds.

(Signed) [illegible] M. D.

9-5-, 191.7 (Address) 1 E Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem — DATE OF BURIAL, 9/5, 191.7

20-UNDERTAKER J. Fen McCully — ADDRESS 130 E. Fort Ave

D 8182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 8182

(17097) 182

1PLACE OF DEATH

CITY OF BALTIMORE (No. 1909 Brunswick) 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Green

(Residence in Baltimore: No. 1909 Brunswick St.; yrs., 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col'd	Married

6-DATE OF BIRTH, Nov 25, 1886
(Month) (Day) (Year)

7-AGE, 30 yrs. 9 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Ch Co

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Henry Green

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Sarah Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 912 Druid Hill

15- Filed SEP 5 1917 191.... ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Gun Shot Wound

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. Gundlefinger M. D.

(Coroner)

Sept 4 191 7 (Address) 819 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, SEP 5 1917

20-UNDERTAKER JAMES H. DENNIS ADDRESS 1303 PRESTMAN ST.

important. See instructions on back of Certificate.

Spec.—6-24-14—M. & T.—3000 Blks.

8183

HEALTH DEPARTMENT—CITY OF BALTIMORE

8183

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 McElderry ST.; 5 WARD)

REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Wins

(Residence in Baltimore: No. 1206 McElderry St.; 44 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, a Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) June (Day) 1 (Year)

7-AGE, 44 yrs. mos. da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Maid
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Jenny

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Green

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Green

(Address) 1206 McElderry

15-

Filed ..... 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 2 (Day) 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 27 1917, to Sept 2 1917, that I saw h[illegible] alive on Sept 2 1917, and that death occurred, on the date stated above, at 1300 m.

The CAUSE OF DEATH* was as follows:

(a) Asthma Emphysema
(b) Heart Disease
(Duration) yrs. 6 mos. 12 ds.
CONTRIBUTORY (Secondary) Heart Disease
(Duration) yrs. 1 mos. 12 ds.

(Signed) Dr. [illegible] M. D.
Sept 4, 1917. (Address) 1 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Sept 5, 1917.

20-UNDERTAKER H E Gross

ADDRESS 1405 McElderry

Important.

Spec.—8-24-14—M. ...—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8181

CERTIFICATE OF DEATH.

104 D 8181

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Rapis

(Residence in Baltimore: No. 1123 S. Binney St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Child

6-DATE OF BIRTH: ..... (Month) August 17 (Day), 1913 (Year)

7-AGE: ... yrs. 4 mos. 19 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Anthony Rapis

11-BIRTHPLACE OF FATHER (State or Country): Austria

12-MAIDEN NAME OF MOTHER: Anna Gyparopa

13-BIRTHPLACE OF MOTHER (State or Country): Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anthony Rapis

(Address) 1123 S. Binney St.

15-

ROBERT P. KRAUTER

Filed SEP 5 - 1917 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: ..... September (Month) 5 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 29 1917, to Sept. 5 1917, that I saw h... alive on September 5 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis

(Duration) ... yrs. ... mos. 17 ds.

CONTRIBUTORY (Secondary) Cyclitis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Isaac M. Jacobson M. D.

Sept. 5, 1917. (Address) 1 Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 13 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1123 S. Binney St.

19-PLACE OF BURIAL OR REMOVAL: Mt. Sinai Cem. Co.

DATE OF BURIAL: Sept. 6, 1917

20-UNDERTAKER: Stephen Frankowski

ADDRESS: 1012 S. McElderry St.

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8185 — 40 ✓ — D-8185

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. Hohnemann Gen. Hospital ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Fitzpatrick

(Residence in Baltimore: No. Kate near Harrison Ave ST.; 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED WIDOWED OR DIVORCED~~ (Write the word): Widow

6-DATE OF BIRTH: June (Month) 12 (Day), 1849 (Year)

7-AGE: 68 yrs. 3 mos. 7 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): House Keeper

9-BIRTHPLACE (State or country): Canada

PARENTS

10-NAME OF FATHER: Don't know

11-BIRTHPLACE OF FATHER (State or country): Don't Know

12-MAIDEN NAME OF MOTHER: Don't Know

13-BIRTHPLACE OF MOTHER (State or country): Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Banford

(Address) 3922 Kate Ave

15 Filed SEP 5 - 1917, 191 — ROBERT R. KRAUTER Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept. (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May, 1917, to, Sept 5 1917, that I saw h... alive on Sept. 2, 1917, and that death occurred, on the date stated above, at 7 30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Left Breast

Stomach

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Mr Dulany Thomas M. D.

Sept 5, 1917 (Address) 330 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. 1 mos. 24 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Pk's. — DATE OF BURIAL: Sept 6 - 1917

20-UNDERTAKER: Wm. Goode — ADDRESS: 502 E. Hoff

State CAUSE OF DEATH very carefully and in proper medical terms. Indefinite or unsatisfactory answers are valueless. Do not state the mode of dying, as cardiac failure, asthenia, etc., but the disease causing same. If from violence, state the nature of injury and whether accidental, suicidal or homicidal. This information is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8186 D 8186

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 Brunswick ST.; 20 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Wharton Kennedy

(Residence in Baltimore: No. 520 Brunswick. St. 8 yrs., 3 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ Single (*Write* the word.)

6-DATE OF BIRTH, May (Month) 4 (Day) 1909 (Year)

7-AGE, 8 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Harry W. Kennedy.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Ada M Steinacker

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry W. Kennedy.

(Address) 520 Brunswick St

15-

Filed SEP 5 - 1917, 191.. HARRY C. ANDREWS Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1917, to Sept 2 1917, that I saw h~~im~~ alive on Sept 2 1917, and that death occurred, on the date stated above, at 1145 m.

The CAUSE OF DEATH* was as follows:

Cedema of Lungs

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease

(Duration) ....yrs. ....mos. Infancy ds.

(Signed) Walter A Cot M. D.

Sept 2, 191.7 (Address) 541 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, Sept 5 191.7

20-UNDERTAKER Leo Kerbig — ADDRESS Balto

Payson St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8187 — 130 ✓ — D 8187

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Green

(Residence in Baltimore: No. 1043 Hollins St St.; 17 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	married

6-DATE OF BIRTH, June 4, 1891
(Month) (Day) (Year)

7-AGE, 26 yrs. 7 mos. 30 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country) Hagerstown Md

PARENTS.

10-NAME OF FATHER, George Wiley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Bowers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicholas Hartman

(Address) 1043 Hollins St

15- Filed SEP 5 1917, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 3, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1 1917, to Sept. 3 1917, that I saw her alive on Sept. 3 1917, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Pelvic abscess (causing) (Natural sinus)

(Duration) 5 yrs. 2 mos. ? ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward Shorb M. D.

Sept. 3, 1917. (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1043 Hollins St

19-PLACE OF BURIAL OR REMOVAL, Hagerstown Md — DATE OF BURIAL, Sept 6th, 1917

20-UNDERTAKER Joseph B. Cook — ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

D 8186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

137 ✓ REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 Eastlond Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Pazourek

(Residence in Baltimore: No. 2327 Eastlond Ave St.; 31 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fmale

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct Brown, 1 (Month) (Day) (Year)

7-AGE, 31 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
X (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Frank Blaha

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Anna Pesarek

13-BIRTHPLACE OF MOTHER (State or Country). Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Pazourek

(Address) 2327 Eastlond Ave

15-

Filed SEP 5 1917, 191.....

HARRY C. BARNES
DEPUTY Health Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 13 1917, to Sept 3 1917, that I saw her alive on Sept 2 1917, and that death occurred, on the date stated above, at 4 45 P.M.

The CAUSE OF DEATH* was as follows:

(1) Puerperal Sepsis

Cerebral Embolism

Cerebral Thrombosis 2 wks

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Edema

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. L. Kirwin M. D.

Sept 3, 191 7 (Address) 6 W Fallsway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rodeem — DATE OF BURIAL, Sept 6, 191 7

20-UNDERTAKER Frank Crack & Son — ADDRESS 1906 Eastlond

Spec.—8-24-14—M. & T.—... Blks.

Spec.—8-24-14—M. & T.—[illegible] Bks.

D 8189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 ✓

D 8189

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adeline Evans Harry

(Residence in Baltimore: No. Henry Watson Aid Society St.: ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug 19 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, George

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Harry

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

SEP 5 - 1917 HARRY C. [illegible]
CITY REGISTRAR

Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 22 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 1917, to Aug 27 1917, that I saw h.... alive on ....191...., and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration).....yrs.....mos. 11 ds.

CONTRIBUTORY (Secondary) Malnourished

(Duration).....yrs.....mos.....ds.

(Signed) Bernard Glassman M. D.

Sept 5, 191.7 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. 5 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner Health.
MAY, KIP & WOODALL

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 3190 — 120 ✓ — D 8190

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 24 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Anderson

(Residence in Baltimore: No. 1837 Bolton St.; ....yrs,, ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Widow

6-DATE OF BIRTH, Oct (Month) ..... (Day) ....., 1888 (Year)

7-AGE, 28 yrs. 10 mos. ? da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Norris

11-BIRTHPLACE OF FATHER (State or Country), Del.

12-MAIDEN NAME OF MOTHER Agnes White

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15-

Filed....., 191.....

HARRY C. ANDREWS
Death Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 28 1917, to Sept 4 1917, that I saw h[illegible] alive on Sept 4 1917 and that death occurred, on the date stated above, at 10 20 m.

The CAUSE OF DEATH* was as follows:

Contusion Left Side Chest

Injury Kidney

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Diphtheritic Nephritis

(Duration) Don't know yrs. ....mos. ....ds.

(Signed) Edward A. Smith M. D.

Sept 5, 1917 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1837 Bolton

Former or usual residence 1837 Bolton

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, Sept 7, 1917

20-UNDERTAKER Wm. L. Evans Son — ADDRESS 1425 Pleasant

4

Spec.—8-24-14—M. & T.—2000 Bks.

D 8191

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8191

CERTIFICATE OF DEATH.

91 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3933 Roland Avenue St.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nevitt W Brooks

(Residence in Baltimore: No. 3933 Roland Ave. St.; ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	white	Widower

6-DATE OF BIRTH, June (Month) 6 (Day), 1872 (Year)

7-AGE, 45 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinest
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, County Md

PARENTS.

10-NAME OF FATHER, Jessie Brooks

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co. Md.

12-MAIDEN NAME OF MOTHER Mary Mc Cauley

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Mary Brooks
(Address) 3933 Roland Ave.

15-
Filed SEP 5 - 1917, 191 HARRY [illegible]
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9 (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9-1 1917, to 9-5 1917, that I saw h~ alive on 9-4 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia
and Pulmonary Tuberculosis
(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Emphysema
(Duration) 1 yrs. mos. ds.

(Signed) C. F. Cooper M. D.
9-5, 191 7 (Address) 326 Rutland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Marys cemetery Hampden
DATE OF BURIAL, Sept 7, 191 7

20-UNDERTAKER A.S.Marshall
ADDRESS 3539 Falls Road.

Spec.—8-24-14—M. & T.—2000 Bks.

D 8192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 45 D 8192

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 7 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J Ferris

(Residence in Baltimore: No. 4 mos. 3 days in Hospital St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Widowed

6-DATE OF BIRTH, unknown (Month) , 1 (Day) (Year)

7-AGE, 61 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, Charles E. Ferris

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER M. Garrett

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W Smith

(Address) Johns Hopkins Hospital

15-

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 5, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 2 1917, to September 5 1917, that I saw him alive on September 5 1917, and that death occurred, on the date stated above, at 3.50 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

Obstruction (Duration) 2 yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W E Nauffts M. D.

Sept 5, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 4 mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Newcastle Delaware

19-PLACE OF BURIAL OR REMOVAL, New Castle Delaware

DATE OF BURIAL, Sept 5, 1917.

20-UNDERTAKER Henry H Jenkins Son

ADDRESS 600 Orchard St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 8193

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8193

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 642 W Mulberry ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Diego Geffi

(Residence in Baltimore: No. 642 W. Mulberry St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Dec 8th (Month) (Day), 1844 (Year)

7-AGE, 72 Years 8 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sailor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Italy.

PARENTS.

10-NAME OF FATHER, Antonia Geffi

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Mary Baniggin

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Angola Geffi

(Address) 518 W. Saratoga St

15-

Filed SEP 5 1917, 191.....

HARRY G. ARNOLD
Burial Permit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sep. (Month) 5 (Day), 191 7 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 2 191 , to Sep 5 191 , that I saw h in alive on Sep 5 191 , and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

....., 191... (Address) 210 East St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem.

DATE OF BURIAL, Sept 6, 191..

20-UNDERTAKER George J. Roth

ADDRESS 1735 Harford Ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8191

CERTIFICATE OF DEATH.

74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 17 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Waddy

(Residence in Baltimore: No. 911 Linden Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 5, 1907 (Month) (Day) (Year)

7-AGE, 10 yrs. 2 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Octavous Waddy

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emma Ball

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- Filed SEP 6 1917 191..... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 5, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1917, to Sept 5 1917, that I saw h[illegible] alive on Sept 5 1917, and that death occurred, on the date stated above, at 1 30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Operation

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W E Davis M. D.

Sept 5, 191 7. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 911 Linden Ave.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Va DATE OF BURIAL, Sept 7 191 7

20-UNDERTAKER James B Pyle ADDRESS 1504 Wilson Ave

Spec.—8-24-14—M. & T.—2060 Blks.

D 8195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

26 D 8195

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 W Mosher ST.; 16 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry John Mueller

(Residence in Baltimore: No. 1234 W. Mosher St.; 61 yrs., 5 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Mar 8 (Month) (Day), 1866 (Year)

7-AGE. 61 yrs. 5 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Barber
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Mueller

(Address) 1234 W. Mosher

15-

Filed SEP 6 - 1917, 191.....

ROBERT B. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 191.., to Sept 4 1917, that I saw h— alive on Sept 4 191.., and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. 1 mos. ds.

(Signed) E V Cudelian M. D.

9/5/17, 191... (Address) 711 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Sept 7, 191 7

20-UNDERTAKER Geo. Huber & Son — ADDRESS 2503 Edmondson ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 8196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

D 8196

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Orleans ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James T Spotten

(Residence in Baltimore: No. 2604 Orleans St. 23 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, July (Month) 27 (Day), 1917 (Year)

7-AGE, 29 yrs. 1 mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Tea Co.

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, William G. Spotten

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER, May Richards

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs May Spotten

(Address) 2604 Orleans St

15-

Filed SEP 6 - 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 3rd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21st 191.., to Sept 3rd 1917, that I saw h.em alive on Sept 3rd 1917, and that death occurred, on the date stated above, at 4 1/3 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Peritoneum

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Adam a God M. D.

191... (Address) 439 S Eutaw ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Sept 6, 1917

20-UNDERTAKER, Chas. G. Black — ADDRESS 1201 W Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

D 8197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 E Eager ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Ferruggia.

(Residence in Baltimore: No. 922 E Eager St.; ..... yrs., 1 mo. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July 21, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. 1 mo. 15 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City -

PARENTS.

10-NAME OF FATHER, Pietro Ferruggia

11-BIRTHPLACE OF FATHER (State or Country), Italy -

12-MAIDEN NAME OF MOTHER Anna Cingalli

13-BIRTHPLACE OF MOTHER (State or Country), Italy -

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Pietro Ferruggia

(Address) 922 E. Eager St.

15-

Filed SEP 6 - 1917, 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 25 1917, to Sept 5 1917, that I saw h[illegible] alive on Sept 5 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Gastro enterits
Exhaustion

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Post Partum
Infection

(Duration) ..... yrs. ..... mos. 11 ds.

(Signed) [illegible] M. D.

9-6, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Vincents Cem.	Sept 6, 1917.
20-UNDERTAKER Lilly & Zeiler.	ADDRESS 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8198

CERTIFICATE OF DEATH.

64 D 8198

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 N. Wolfe St. ST.; 6 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Maika Bauernfeind.

(Residence in Baltimore: No. 120 N. Wolfe St. St.; 63 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. Nov. (Month) 18 (Day), 1837. (Year)

7-AGE, 79 yrs. 9 mos. 18 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Joseph Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Jennie Bauernfeind

(Address) 120 N. Wolfe St

15-

Filed SEP 6 - 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 5th (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 - 191.... to Sept 5 191 7, that I saw her alive on Sept 4 191 7, and that death occurred, on the date stated above, at 2.45 1 m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Right) cva

..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Geo. L. Wade M. D.

9/5/17 191... (Address) 143 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer Cem.	Sept. 7th 1917.
20-UNDERTAKER Lilly & Feiler.	ADDRESS 403 S. Wolfe St.

Wm H Hotton

D 8199

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

D 8199

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 508 Munsey ST. 17 WARD)

REGISTERED No. C.....

2-FULL NAME William Harry Hotton

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 508 Munsey St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, July (Month) 22 (Day), 1917 (Year)

7-AGE, ...yrs. 1 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Geo. Hotton

11-BIRTHPLACE OF FATHER (State or Country): Balto. Co. Md

12-MAIDEN NAME OF MOTHER: Lillian Carter

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H Hotton

(Address) 508 Munsey

15- Filed SEP 6 1917, 191.. ROBERT B. KRAUTER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cholera Infantum

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. M. Hotton M. D.

(Coroner) 1917 (Address) Eagle Exchange

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds. None

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL, Sept 6, 19..

20-UNDERTAKER: John H. Joachim — ADDRESS 142 W. Fayette St

Important. See instructions on back of certificate

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8200 D 8200

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 N. Hoffman St. 17 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Mary (Baily) Robinson

(Residence in Baltimore: No. 635 Hoffman St.; ..... yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... January ....., 1 .....
(Month) (Day) (Year)

7-AGE, 24 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Levy Bailey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Hosley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Levy Bailey

(Address) 819 Fawn St

15-

Filed ....., 191.....

SEP 6 - 1917

ROBERT E. KRAUTER
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 4, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 1917, to Sept 1917, that I saw her alive on Sept 3 1917, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

Duration ..... yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Stewart M. D.

Sept 6, 1917. (Address) 1003 Argyle Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Lebanon Cem — DATE OF BURIAL, Sept 6, 1917.

20-UNDERTAKER Samuel Hosley — ADDRESS 5780 Bidle

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 3rd DAY August OF 1964 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH D5031 Reg MAY 6, 1917 AND ENDING WITH D-8200 -Reg SEPT. 6, 1917 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: L. Pryor

END OF REEL